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ABSTRACT

This final report describes activities and accomplishments of a 3-year federally supported project to improve special education and related services for children with deaf-blindness in West Virginia. The project served 94 children with deaf-blindness, their families, and service providers throughout the state. Activities and achievements are detailed for each of the project's eight objectives: (1) identification of children with deaf-blindness; (2) delivery of consultation and training to service providers; (3) provision of consultation and training to families; (4) provision of technical assistance designed to foster integration; (5) implementation of a pilot project for the transition of youth with deaf-blindness from school to the community; (6) cooperation and coordination with related agencies and programs; (7) information dissemination to service providers, families, and the community; and (8) establishment of an advisory committee. Individual sections of the report address the project's purpose, goals, and objectives; conceptual framework; accomplishments and contributions; problems and resolutions; research or evaluation findings; and impact. Attachments include agendas of training institutes on interagency cooperation, a listing of materials available for loan, the project brochure, newsletters, and feedback on project evaluation. (DB)

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ED 393 260

# I. SERVICES FOR CHILDREN WITH DEAF-BLINDNESS

## STATE AND MULTI-STATE PROJECTS

## FINAL REPORT

## WEST VIRGINIA

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**PROJECT TITLE:**
The Delivery of Services To Children with Deaf-Blindness in West Virginia

**PROJECT NUMBER:**
H 025A20018-94

**PROJECT PERIOD:**
Initial - 10/01/92 - 09/30/95
No Cost Extension ending- 12/31/95

**NUMBER OF CHILDREN AGES 0 - 21:**
94 Children who are Deaf-Bind

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State of West Virginia

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## II. EXECUTIVE SUMMARY

The West Virginia Department of Education implements a statewide project to provide services to children with deaf-blindness (CFDA 84.025).

The primary purpose of this project was to improve special education and related services for children with deaf-blindness in West Virginia. The project had eight major objectives:

1) to identify children with deaf-blindness;
2) to deliver consultation and training to service providers;
3) to provide consultation and training to families;
4) to provide technical assistance designed to promote a unified system that fosters integration and age appropriate programs in the least restrictive environment;
5) to implement a pilot project for the transition of youth with deaf-blindness from school to the community;
6) to facilitate cooperation and coordination of the delivery of services with the Department of Health and Human Resources, the Division of Rehabilitation, state operated programs and other agencies;
7) to disseminate information about resources to service providers, families, and the community; and
8) to utilize an advisory committee in the development and implementation of services.

The coordination of the project activities was assumed by the West Virginia Department of Education, Office of Special Education Programs and Assurances.

The project served 94 children with deaf-blindness, their families, and service providers throughout the state of West Virginia.

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## IV. PURPOSE, GOALS AND OBJECTIVES OF PROJECT

The following objectives and activities were implemented during the project period of October 1, 1992 - September 30, 1995. Included in this is the No Cost Extension implemented through December 31, 1995. This project served those individuals who are deaf-blind, their families, and service providers in the state of West Virginia.

**Objective 1. Identify children with deaf-blindness.**

1.A Complete the Deaf-Blind Census on the new IBM data program designed by TRACES.

1.B Complete revisions to script for video describing students with deaf-blindness. Film footage to fit the script.

1.C Continue to deliver on-site consultation to school districts to ensure that students are being properly identified.

1.D Communicate, through cooperation with local school districts and other agencies reporting children with deaf-blindness, with all families of identified students to ensure awareness of the resources of the West Virginia Deaf-Blind Project.

1.E Develop a state profile of all identified students with deaf-blindness to be used in planning and to link with the System Change Grant.

**Objective 2. Provide consultation and training to service providers.**

2.A. Deliver consultation and training to service providers within school districts and agencies where needs have been identified.

2.A.1. Continue the implementation of the plan developed for RESA VI in the northern panhandle.

2.A.2. Provide focused training through RESAs regarding functional hearing and vision assessment, based on protocol developed, to early intervention personnel, audiologists, teachers of the deaf and blind, and other appropriate personnel. Invite optometrists who evaluate dual sensory impaired individuals to participate in the training.

2.A.3. Develop a training plan with the West Virginia Schools for the Deaf and Blind based upon the needs assessment conducted.

2.A.4. Conduct training sessions at appropriate conferences and at RESA inservice sessions.

2.B. Identify additional local school districts or RESAs in which to provide consultation and training activities for service providers of children with deaf-blindness.

2.B.1. Conduct needs assessments.

2.B.2. Jointly plan activities to meet the needs.

2.B.3. Implement and evaluate activities.

2.C. Establish a cadre of individuals within West Virginia who can provide the expertise needed to assist students with deaf-blindness, their families and service providers.

2.C.1. Select individuals based upon certification in deafness, blindness, or severe disabilities and interest in dual sensory impairments.

2.C.2. Provide training to individuals willing to serve as consultants for children with deaf-blindness.

**Objective 3. Provide consultation and training to families.**

3.A. Provide specific training to all Parent/Educator Resource Centers based upon the needs identified in the activities conducted with them in 1993.

3.B. Continue providing consultation to individual families and evaluate effectiveness.

3.C. Sponsor at least two parents'/families' attendance to a state or national conference to obtain knowledge and skills.

3.C.1. Identify parents based upon need and interest and arrange for attendance at meeting.

3.C.2. Arrange for parents to discuss experiences with other parents individually and at a state or local parent meeting or a Parent/Educator Resource Center Meeting.

**Objective 4. Provide technical assistance designed to promote a unified system that fosters integration and age appropriate programs in the least restrictive environment.**

4.A. Participate in the objectives to be accomplished with the West Virginia Department of Education's Integrated Education Initiative Plan and System Change Grant to ensure that the needs of children with deaf-blindness are represented.

4.B. Conduct visits to school districts with identified children with deaf-blindness, as reported on the census, to determine if their needs are being met in the least restrictive environment.

4.C. Continue to distribute best practices information via TRACES newsletter, current curriculum, video material, and other materials to families and service providers.

4.D. Deliver consultation, technical assistance and training to the West Virginia Schools for the Deaf and the Blind to encourage appropriate integration, age appropriate programs and initiatives with public school programs.

4.E. Meet with the faculty of West Virginia University's Department of Education to explore incorporation of learning objectives into the curriculum of the severe disabilities teacher training program.

**Objective 5. Implement a pilot project for the transition of youth with deaf-blindness from school to the community.**

5.A. Implement plans developed by state local core team.

5.A.1. Provide consultation, training and technical assistance to local teams.

5.A.2. Document process and materials utilized.

5.A.3. Evaluate the activities.

5.B. Provide consultation and technical assistance to those school districts with transition age youth not in pilot project.

5.B.1. Contact the districts per census data.

5.B.2. Identify needs.

5.B.3. Share knowledge gained from pilot project.

5.B.4. Provide appropriate technical assistance.

5.C. Develop best practices document for the transition of youth with deaf-blindness.

5.C.1. Compile material utilized in the cooperative project with Helen Keller National Center and additional resources.

5.C.2. Contract with consultant to draft document.

5.C.3. Review document utilizing local project members and Project advisory committee.

5.C.4. Complete final product.

**Objective 6. Facilitate cooperation and coordination of the delivery of services with the Department of Health and Human Resources, the Division of Rehabilitation Services, state operated programs, and other agencies.**

6.A. Continue the implementation of the objectives outlined in the grant proposal.

6.B. Participate on the Part H, CSPD Advisory Committee and the SIFT Personnel Training Project for Part H service providers.

6.C. Present at the Division of Rehabilitation Services annual meeting of counselors serving students with deaf-blindness.

6.D. Provide a workshop on communication issues and strategies to use with individuals with deaf-blindness for personnel from various agencies.

**Objective 7. Disseminate information about resources to service providers, families and the community.**

7.A. Continue the dissemination of awareness materials, project brochures and newsletters to appropriate medical facilities, families and service providers.

7.B. Continue the dissemination of the Resource Guide and revise guide as new materials are added.

**Objective 8. Utilize an advisory committee in the development and implementation of services.**

8.A. Conduct at least three meetings of the advisory committee.

8.B. Evaluate project activities.

8.C. Utilize advisory committee recommendations in the development of the plans for the new project period.

## V. CONCEPTUAL FRAMEWORK

West Virginia is a rural state recognized as the second most sparsely populated state in the nation. The challenges of a mountainous geography, isolated families and communities and reduction in the number of agency personnel are intensified when coordinating the delivery of appropriate service to a low incidence population. This was the conceptual framework when the proposal was designed.

In 1995, 94 children and youth were identified for the census of children with deaf-blindness. These children were receiving services in public school programs, early intervention centers, and the West Virginia Schools for the Deaf and Blind. Education was provided from a variety of professionals, including teachers of the deaf and hard-of-hearing, blind and partially sighted, mentally impaired, and related service personnel. The primary instructor was usually a teacher of the deaf and hard-of-hearing or blind and partially sighted. In West Virginia there were approximately 88 teachers who served students who are deaf and hard-of-hearing and students who are blind or partially sighted. Many of these professionals were not fully certified in the area of vision or hearing and there were no teachers who hold certification in deaf-blindness. Additionally, there continues to be no in-state programs in higher education to prepare teachers in sensory or dual sensory impairments. An intensive summers certification and masters program is conducted on the campus of the West Virginia Schools for the Deaf and the Blind by two out-of-state institutions of higher education--one for visually impaired and one for hearing impaired. This formal training continues to be supplemented by inservice opportunities, especially in dealing with dual sensory impaired students.

Due to the extreme rural setting of many local education agencies, locating and serving this population has been difficult. The majority of these students were receiving education in programs other than those designed for children with deaf-blindness. A couple of large school districts were appropriately integrating children who are deaf-blind through various delivery models. There continued to be an overwhelming need to improve the quality of programs and the competencies of the instructors. Transition efforts, particularly with the Division of Rehabilitation Services and the Department of Health and Human Resources, were coordinated, but were severely limited due to the large caseloads of these agencies and limited placement options available, especially for the children who are deaf-blind.

The West Virginia Department of Education was and is committed to improving the quantity and quality of services to children who are deaf-blind. The major emphasis of this proposal was on training. The project design and implementation were carefully developed to meet the growing and changing needs of the underserved population of our rural state.

## VI. PROJECT ACCOMPLISHMENTS

The accomplishments of the West Virginia Department of Education Services for Children with Deaf-Blindness Project, October 1992 through December 1995 (This includes the no cost extension 10/95 - 12/95) are presented by project objectives.

**Objective 1: Identify children with deaf-blindness**

- All local education agencies, early intervention programs, institutional programs, and other agencies serving children who are deaf-blind ages 0 - 21 were sent information defining deaf-blindness each year. In addition, a brochure describing the deaf-blind project was disseminated to each of the agencies.

- Explanations and discussions of deaf-blindness and the purpose of the federal deaf-blind registry were presented at special education directors' meetings, early intervention meetings, and local school district meetings.

- With encouragement to aggressively and accurately identify children who are deaf-blind, the state count increased from 76 in 1992 to 89 in 1993, 90 in 1994, and 94 in 1995.

- The number of individuals who are deaf-blind was identified to within the expected range of incidence which indicates that this objective was appropriately met.

- The TRACES computerized registry was attempted; however, there were problems in entering and modifying data-in house. The data was maintained manually and on TRACES disks and the computerized registry should be fully implemented this year.

- The Census Reporting Form was distributed each year to all local education agencies and other agencies serving children who are deaf-blind. The previous census was included for verification/corrections and tracking to ensure each child previously reported in being served.

- An improved understanding of deaf-blindness and the students who should be reported has occurred. However, further efforts are needed to assist agencies in understanding and correctly identifying the individual who is deaf-blind.

- Technical assistance, by phone and on-site, was provided to appropriate agencies and families of children who are deaf-blind. Printed materials were provided at the Chapter I Early Intervention Conference, Special Education Administrators Quarterly Conferences, and relevant workshops to further explain students who qualify.

- Data has been utilized to focus technical assistance and training activities for parent workshops, transition planning, and early intervention services.

- Due to increase awareness of the project and the educational benefits of identifying students with deaf-blindness, student data is being provided during the school year and not just during the census collection period. An increase in the number of calls for technical assistance has also occurred.

**Objective 2: Deliver consultation and training to service providers.**

- On-going technical assistance has been provided via phone and on-site to service providers on a student-by-student bases.

- A file is maintained on each major consultation and training activity.

- The Helen Keller National Center - Technical Assistance Center assisted in the collaborative effort to develop and implement a comprehensive approach to address the unique needs of students with deaf-blindness transitioning from school to the community. Discussed under Objective 5, comprehensive training occurred on the following dates: April 19-20, 1993; September 23-24, 1993; March 24-25, 1994; and October 20-21, 1994.

- Funds approved through the no cost extension (October, 1995 - December, 1995) permitted this project to purchase mini-library of resources for teachers serving children who are deaf-blind. Selection of the materials for the sets was made through the cooperative efforts of the teachers and consultants who represent the diverse needs of children who are deaf-blind. TRACES, D-B LINK and others assisted in the selection of materials covering the areas of communication, mobility, inclusion and integration, awareness, medical aspects, family resources, sign language and assistive technology.

- Other major consultation and training activities conducted during the grant period were:

**1992/93:**

- Project Director and the coordinator of the deaf-blind project in Kanawha County Schools presented at the annual conference of the West Virginia Federation of the Council for Exceptional Children. The presentation involved a discussion of the development of services in integrated environments for students with deaf-blindness in Kanawha County.

  A slide presentation was developed to provide participants with actual cases of students who are deaf-blind and successfully instructed in integrated settings with disabled and non-disabled peers. Requests for technical assistance were received from five individuals as a result of this presentation.

- In-depth consultation and technical assistance were provided in Wood County by the Project Director. The complete educational files of each student with deaf-blindness were reviewed and discussed with the special education coordinator, psychologist, and speech pathologist. Additional students were reviewed as to their appropriateness for services from the deaf-blind project. As a result of this review and a discussion of staff needs, a prioritized needs assessment was developed for this school district. Some needs were immediately met with the provision of resources. A long range plan was developed for the school district.

- Regional Representatives provided on-site technical assistance to three (3) school districts in coordination with the West Virginia Deaf-Blind Project.

**1993/94:**

- To ensure success in transition from one school district to another and to provide on-site technical assistance with one county, the staff of a student who is deaf-blind from the sending school district (who had been very successful with this student and had received training and technical assistance from the Project) provided assistance to the receiving school district. The receiving school district visited the sending school district to observe programming, ask questions, and receive training. After initial visitations, the project supported a staff member from the sending school district to conduct on-site training to staff beyond the normal school day. On-going technical assistance has occurred from the project at no cost to the school district.

- A consultant with expertise in behavior management and dealing with difficult behaviors was contracted to provide assistance and training to school districts. Two school districts received this training.

- A cooperative agreement was established with Life Quilters of the University Affiliated Center to assist identified school districts in programing for students with deaf-blindness. Life Quilters specializes in mapping for individuals with severe disabilities and challenging behaviors. Life quilters trained, at no cost, one of the consultants on the Project in the techniques of mapping so that the Project can provide this service to individuals serving students who are deaf-blind.

- A consultant was contracted to provide timely response to requests for technical assistance and training. The project director and his secretary were able to direct appropriate referrals to the consultant on a daily basis. In addition, the consultant was available by phone each day of the school week to service providers.

- The Project provided intensive technical assistance and training with RESA VI (a five county region).

- The Project coordinated the training of two teachers at the Summer Institute through the Hilton-Perkins Cooperative

Training. These teachers provided valuable consultation to others within the state.

- The original grant proposal specified training in all eight (8) RESAs. It was a recommendation of the Advisory Committee that training could proceed as RESAs were ready and had identified needs. Therefore, consultation and training activities addressed RESAs who have indicated a readiness and need for assistance.

**1994/95:**

- An updated Technical Assistance Form was included in the census packet. TA activities were based on those requests.

- A Conference entitled: Introduction to Deaf-Blindness: Functional Communication and Behavioral Management was held in July 95. Service providers throughout the state representing teachers, psychologists, early intervention specialists, and others serving this population were invited to attend. The Project's in-state consultant coordinated this effort with the TRACES representative and a Communication Specialist.

- In November 1994, Wood County Deaf-Blind Transition Project sponsored "Deaf-Blind Seminar". Attended by families and service providers, this Project provided the expertise and participated on the agenda.

- As a result of earlier initiatives, the project coordinator was actively involved in using the MAPS process to examine the individual needs of children who are deaf-blind and others with severe disabilities. A "train the trainer" model to increase the use of this planning process was utilized.

- The Project was a cosponsor for the First Annual PATHS (Partnerships in Assistive TecHnologieS) Conference, a collaborative committee comprised of consumers, families and agencies. The following two presentations were sponsored: Communication Strategies for Learners Challenged with Deaf-Blindness and Working with Adults who have Dual Sensory Impairments.

- Four Counties were represented at the Hilton-Perkins Summer Institute. Two of these were sponsored directly through this Project; the other two were selected by the Hilton-Perkins' project to attend through their grant initiatives.

**Objective 3: Provide consultation and training to families.**

- Due to the philosophy of the Project, families have continued to be involved in almost every request for configuration and training to service providers. In several situations the parents met with the project director or consultant at the school. The majority of other contacts have been by telephone.

- Parents and family members are a critical component of the MAPs process discussed earlier.

- Families of transition age children who are deaf-blind have been active members on the State and Local Transition Teams.

- Parents have actively utilized the loan program for the Resource Center Videos and printed materials.

- Parents have continued to request assistance via the toll free parent action line on a daily basis. This has proven to be an effective means of providing counseling and referral for parents. Parents are also being linked with the local Parent/Educator Resource Centers (PERCs) where available.

- Parent/Educator Resource Centers (located in 41 of the 55 local school districts) have received an overview of the Deaf-Blind Project and other printed materials to utilize. Based upon need, parent meetings were/are being held at the local PERCs so that a natural link can occur. On January 13, 1994 a meeting was held by the project director and a project consultant with ten (10) parents of children who are deaf-blind and the parents of Wood County's PERC. The meeting agenda included information about the Deaf-Blind Project and focused on parents' sharing of their children's stage of development and need. The meeting was considered very helpful by the PERC and parents. This model served as the framework for a parent meeting in Harrison County. Additional parent meetings in other locations continue to be scheduled.

- Parents of children who are deaf-blind were invited to an informal gathering after the statewide workshop: Developing Community Living Options Based on Values, Choice and Innovative Financing.

- Materials purchased through the no cost extension will be made available to all parents across the state. Teachers will be requested to share the information with the parents. Parents will be provided with an index of the resource library available through their child's teacher.

- Three parents were added to the Project's Advisory Committee.

**Objective 4. Provide technical assistance designed to promote a unified system that fosters integration and age appropriate programs in the least restrictive environment.**

- All technical assistance efforts continue to focus on the appropriate inclusion of students with deaf-blindness in programs with disabled and non-disabled peers.

- The project coordinator became a full-time member of the Integrated Education Initiative (IEI) Advisory Committee to ensure that the needs of the students with deaf-blindness are considered and included.

- During the summer of 1993, over 1500 teachers participating in the Governor's Summer Institute were involved in a workshop entitled: Reaching All Students: Designing Classrooms for the Future. The major focus of this training was on the vision of inclusive schools and strategies for teachers to use in including students with disabilities. The project director participated in conducting this training.

- In May, 1994 the WV Assistive Technology Consortium held its first annual conference regarding assistive technology for students with disabilities. The Project sponsored one of the presenters regarding the use of technology with students who are deaf-blind. This statewide conference involved professionals, families and consumers.

- As part of the WVDE's Personnel Preparation Grant, six (6) local school sites were provided training regarding strategic planning for the inclusion of students with disabilities, especially those with severe disabilities. The Project consultant presented an overview of the use of MAPS as a tool for meeting the functional needs in a integrated setting for students who are deaf-blind and other severe disabilities.

- In July 1995, the Project consultant co-presented: Making It Work: Meeting Functional Needs in Integrated Settings at the statewide Leaders of Learning Annual conference sponsored by the West Virginia Department of Education.

- The use of MAPs for young children focuses on an integrated environment. Requests made to the Project consultant have increased tremendously.

**Objective 5. Implementation of a pilot program for the transition of youth with deaf-blindness from school to the community.**

- During the 1993/94 grant year a state level core team was established to address the transition need of students who are deaf-blind. Represented were the following agencies: West Virginia Department of Education, West Virginia Division of Rehabilitation Services, Developmental Disabilities Planning Council, Parent/Educator Resource Centers, Helen Keller National Center-TAC, West Virginia Advocates, West Virginia Schools for the Deaf and the Blind, Mountain State Centers for Independent Living, West Virginia Department of Health and Human Resources, and the Social Security Administration. This team became known as West Virginia Interagency Transition Team (WVITT) for Students Who are Deaf-Blind.

- WVITT completed the identification of transition age students who are deaf-blind and established three local teams based on the population clusters.

- Each local team (Wood County, Greenbrier County, and West Virginia Schools for the Deaf and the Blind) were comprised of representatives from: Local School District, Rehabilitation Services, Behavioral Health, Parent, and others unique to each community.

- Four (4) two-day workshops were held between April, 1993 and October, 1994. Topics covered collaborative planning, teaming, supported employment, work incentives, and developing community resources. Local teams designed the subsequent workshop agendas based on specific needs and concerns identified ans they developed and implemented individual transition plans.

- Three students who are deaf-blind were successfully transitioned into their community.

- As a result of this initiative the project director and project consultant have made presentations to the TRACES Regional Meeting and the West Virginia Project Advisory Committee about the process and strategies for success.

- The project consultant presented at the Next Steps Training which is comprised of local teams of rehabilitation, education, parents and other agencies, sponsored by West Virginia's System Change Transition Grant.

- The Project sponsored a statewide workshop entitled: Developing Community Living Options Based on Values, Choice and Innovative Financing.

**Objective 6. Facilitate cooperation and coordination of the delivery of services with the Department of Health and Human Resources, the division of Rehabilitation Services, state operated programs and other agencies.**

- The transition state core team has broadened in scope to address concerns of students with deaf-blindness of all ages. Social Security Administration, Division of Rehabilitation Services, Department of Health and Human Resources, West Virginia Transition Project, Developmental Disability Council, Mountain State Centers for Independent Living, Parent/Educator Resource Centers, The West Virginia Schools for the Deaf and the Blind, and the Department of Education are all active participants of the core team.

- This project objective has been effectively implemented. A variety of state agencies have joined forces to address the needs of students who are deaf-blind. The agencies participating have indicated that the Deaf-Blind Project is a positive effort that sets goals and reaches them. The participants have further stated that the project activities provide for a rare opportunity to see success and progress.

- The Project has increased the awareness of children who are deaf-blind among a variety of state and local level agencies. Due in some degree to the rural nature of West Virginia and the culture of the people, this project enjoys an excellent interagency relationships.

**Objective 7. Disseminate information about resources to service providers, families and the community.**

- In addition to special education administrators' quarterly meetings, information about resources has been disseminated through the lending library and newsletters of the WV Speech, Language, and Hearing Association, West Virginia Federation of the Council for Exceptional Children, West Virginia Transition Project, West Virginia Division of Rehabilitation Services, and the Developmental Disabilities Council.

- TRACES newsletter, D-B LINK, and other pertinent information is routinely disseminated to special education administrators, teachers of the hearing impaired and teachers of the visually impaired, teachers who have students who are deaf-blind, families, and others who have indicated an interest.

- A project newsletter entitled: Keeping In Touch is distributed to those listed above.

- The Project continues to use its logo as an awareness effort.

- A Project Brochure was completed and disseminated widely to a variety of professionals and other interested parties.

- A weekly television program regarding deafness and deaf-blindness hosted by the project director continues to be taped in cooperation with the West Virginia Library Commission. This show has been a excellent mechanism for providing awareness and knowledge to the community in the capital city area. Tapes of the show are available to other parts of the state.

- In September 1993 a comprehensive listing of materials with descriptions available in the project director's office was published. The West Virginia Deaf-Blind Project Resource Materials Center Loan Guide was distributed to all counties, RESAs, Parent/Educator Resource Centers, and other interested parties. This will be again updated once the materials purchased for the mini library under the no cost extension received.

- Teachers, families, consumers, and other service providers and interested parties will receive a listing of the materials purchased for the mini-library through the no cost extension and available locally to them.

- Staff in the project director's office is available Monday through Friday by toll free and local phone (voice and TDD) to request information on resources.

**Objective 8: Utilize input from an advisory committee in the development and implementation of services.**

- The state advisory committee was a major component of the project. Its main focus over this grant period has been to evaluate progress and to support or rechart the Project's course to ensure that activities are meeting the needs of the children who are deaf-blind and their families throughout each project year.

- The advisory committee receives routine oral and written correspondence from the project director. The committee is also encouraged to share suggestions, recommendations, and comments throughout the year. Some members of the advisory committee have participated on the transition project state core team.

- This committee determined objectives and activities for the new grant proposal. Its membership reflects all those who have a stake in the lives of children who are deaf-blind in West Virginia.

## VII. PROBLEMS AND RESOLUTIONS

In April 1994, midway into this project period, the project director's position--the only position of this project--became vacant. Dr. Michael Valentine who has served as the Project Director, became the Director of the Office of Special Education at that time. Despite three aggressive nationwide searches, the West Virginia Department of Education was unable to fill this position with a qualified individual. Downsizing in state government also limited the hiring of the other .5 FTE of this position. Fortunately, an in-state consultant was able to assist on a limited basis with the administration of this project under Dr. Valentine's direction.

As a result and under the guidance of the Advisory Committee some activities needed to be adjusted. For example, it was decided that the video describing students who are deaf-blind would be an expensive and time-consuming endeavor. Therefore, it was decided to utilize other commercial videos. Despite this, the project was extremely successful in its accomplishments. Please refer to section VI. For more details.

## VIII. RESEARCH OR EVALUATION FINDINGS

The objectives of this grant period have proven to be effective and needed to improve the quality of educational programs for students who are deaf-blind. The evaluation results (see appendix) verify the success of the objectives. Throughout the implementation of this project period, areas which require further attention and effort are as follows:

- Families of children who are deaf-blind continue to need awareness, knowledge, skill development, and strategies for advocating in education and the community.

Even though there has been a significant increase in family participation, many families have not accessed the resources available to them.

- Although the number of children on the census is within the statistical range, efforts to ensure accurate and early identification must continue.

- There are still school districts and communities within the state which have not been impacted. Efforts to reach the families and service providers of ALL identified students who are deaf-blind must and will continue.

- Due to the lack of teacher training programs in the areas of hearing impaired, visually impaired or deaf-blindness in West Virginia's Institutions of Higher Education, adequate preparation of professionals and paraprofessional is a critical issue. During this grant period efforts have occurred to "train the trainers" to build a cadre of individuals within the state. Strategies to meet the continuing needs of professionals working with students who are deaf-blind are on-going.

- The attention to students who are deaf-blind created during this project period has verified the enormous need for technical assistance, training and guidance by those involved with these students. The project cannot wane in momentum and influence. Creative strategies to meet the needs of students who are deaf-blind, their families and service providers in this rural state are the challenges faced each day.

- As the project has developed and grown, more time commitment by the project director and consultants has been identified as a need. Allocation of the staff time on the project is being addressed to meet the needs of students who are deaf-blind, their families and service providers.

## X. PROJECT IMPACT

The implementation of Services For Children With Deaf-Blindness has had a significant and positive impact on students who are deaf-blind, their families and service providers. General outcomes of this project period have included the following:

- The steady increase in the number of children who are deaf-blind identified on the census indicates more general awareness of deaf-blindness. Schools are more actively identifying and seeking technical assistance for the students to implement appropriate services.

- The on-going access to resource materials for families and service providers ensures knowledge of best practices available in this field.

- As a result of all initiatives, the development of a comprehensive data base of professionals, administrators, service providers, teachers, and families ensures open and effective communication for the dissemination of information and the request for technical assistance.

- This project period has seen a strong collaborative effort of schools, agencies, and families to ensure the needs of children who are deaf-blind are addressed in all respective initiatives in education, rehabilitation and other fields.

- The dramatic increase in the request for technical assistance not only for children who are deaf-blind but also for children with severe disabilities illustrates how this project is viewed as a significant resource for best practices, especially in the area of appropriate integration for all children.

- Due to the increase in requests for technical assistance from other agencies and groups and collaborative efforts, children who are deaf-blind are assured access to a variety of services available to all students with disabilities. Statewide efforts in the areas of supported employment, early intervention transition planning, adolescent transition planning, and assistive technology have incorporated the needs of students with deaf-blindness.

- This project period has seen a tremendous increase in parental involvement now reflected by the addition of three(3) parents to our Advisory Committee.

- The project director's office has evolved into a mini clearinghouse of information for parents and service providers.

- Through active interagency and interdisciplinary networking, the project has established strong linkages that ensure seamless services for students who are deaf-blind.

- A cadre of individuals has been created in-state to respond in a timely manner to the educational and other needs of students who are deaf-blind.

- Due to a greater awareness by special education directors, administrators, teachers, other service personnel and families of the characteristics and needs of individuals who are deaf-blind, students who are deaf-blind are receiving more appropriate educational and related programs. Many students had been misdiagnosed, had inappropriate Individualized Education Programs (IEPs) developed, and had been improperly placed in programs which had not fully met their needs. This project

has assisted in creating awareness and knowledge of the unique needs of individuals who are deaf-blind so that the students' IEPs are questioned and adjusted properly. Efforts with students who are deaf-blind have also improved the quality of other students' educational especially including deaf, blind and severe disabilities.

## X. FURTHER INFORMATION

Additional information can be obtained through this office by contacting:

Annette Carey
West Virginia Department of Education
Building 6 Room 304
1900 Kanawha Blvd.
Charleston, West Virginia 25305
(304) 558-2696 (v/tdd)

or through:

ERIC/OSEP Special Projects
ERIC Clearinghouse
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

## XI. ASSURANCE STATEMENT

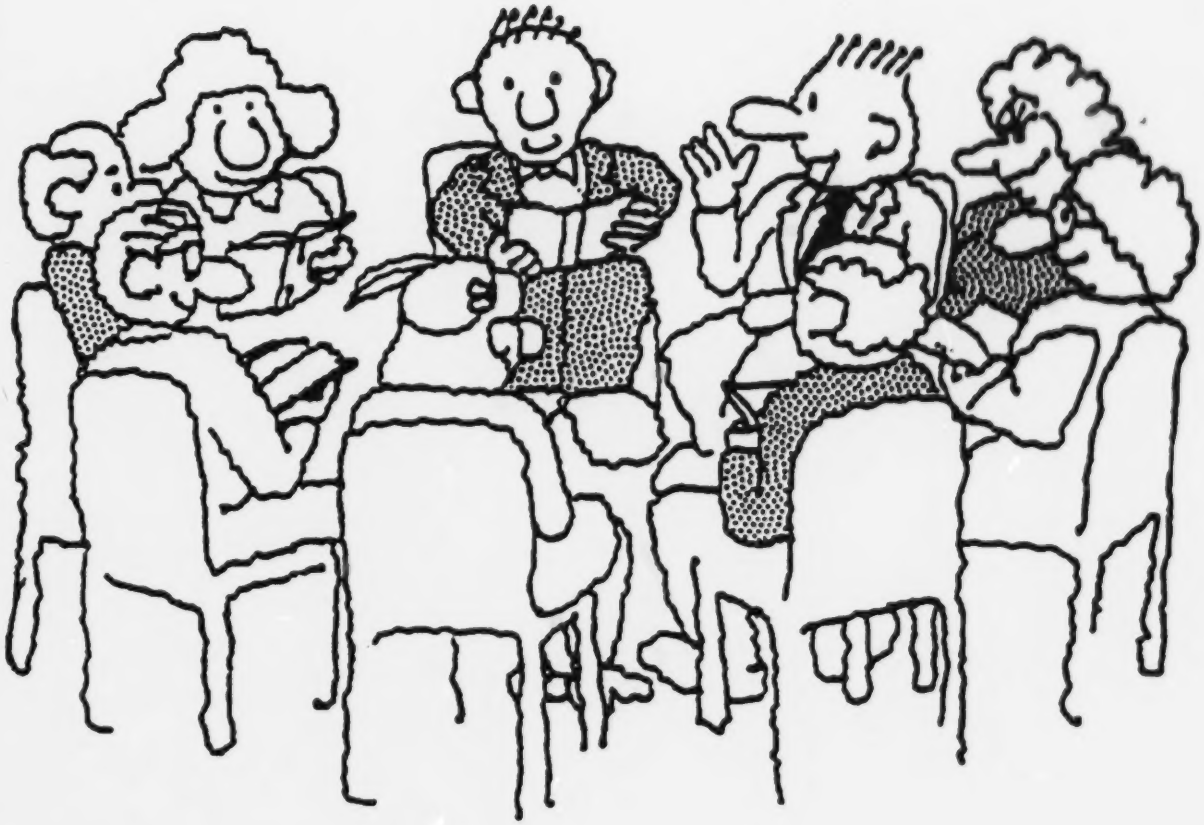
As directed, a copy of the final report for the West Virginia Services For Children With Deaf-Blindness Project has been sent to:

ERIC/OSEP Special Projects
ERIC Clearinghouse
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

finalrep

# APPENDICES

# AN INTERAGENCY APPROACH TO ACHIEVING PERSON-CENTERED OUTCOMES: A STATE AND LOCAL TEAM PARTNERSHIP



Institute, West Virginia

February 11, 1993

West Virginia Interagency Meeting

February 11, 1993

| | |
|---|---|
| 8:30 - 9:15 | Welcome and Overview of the State/Local Partnership (Mike Valentine and Janet Steveley)<br><br>- Purpose of Todays Meeting<br>- Introductions<br>- HKNC-TAC (history, objectives, involvement in WV)<br>- The Model<br>- How to implement in WV |
| 9:15 - 10:00 | Salient Aspects of Interagency Success (Pat Rachal) |
| 10:00 - 10:15 | BREAK |
| 10:15 - 11:15 | Developing the State Team Value Statement, Mission Statement, and Goals<br><br>(State Team) |
| 11:15 - 12:00 | Operating Procedures (State Team)<br><br>- Name of project/team<br>- Meeting dates/locations<br>- Roles |
| 12:00 - 1:00 | LUNCH |
| 1:00 - 3:00 | Local Team Selection and Training (State Team)<br><br>- Recruitment (number of teams, application process/materials)<br>- Criteria for local team selection<br>- Training dates<br>- Training content<br>- Timelines (action plan) |
| 3:00 - 3:30 | Wrap up |

# An Interagency Approach To Achieving Person-Centered Outcomes:

## *A STATE AND LOCAL TEAM PARTNERSHIP*

MORGANTOWN, WEST VIRGINIA

APRIL 19 AND 20, 1993

**WEST VIRGINIA LOCAL TEAM TRAINING**

**MORGANSTOWN, WEST VIRGINIA**
**APRIL 19-20, 1993**

**Monday, April 19th**

| | |
|---|---|
| **9:00 - 9:30** | **Continental Breakfast** |
| **9:30 - 10:30** | **Welcome/Introductions**<br>**Overview of the State and Local Partnership Project**<br>*Michael Valentine, West Virginia Services For Children With Deaf-Blindness*<br>*Janet Steveley, Helen Keller National Center - Technical Assistance Center* |
| **10:30 - 11:00** | **An Overview of Transitional Services**<br>*Janet Steveley, Helen Keller National Center - Technical Assistance Center* |
| **11:00 - 11:15** | **BREAK** |
| **11:15 - 12:00** | **Salient Aspects of Interagency Collaboration**<br>*Patricia Rachal, Interagency Consultant, Helen Keller National Center - Technical Assistance Center* |
| **12:00 - 1:00** | **LUNCH** |
| **1:00 - 2:45** | **Values: The Foundation for Planning and Delivering Services**<br>*Patricia Rachal, Cynthia Ingraham, and Janet Steveley* |
| **2:24 - 3:00** | **BREAK** |
| **3:00 - 4:00** | **Working Session: Developing a Value Statement, Mission, and Goals** |
| **4:00 - 5:00** | **Interactive Behavior Skills**<br>*Janet Steveley and Patricia Rachal* |
| **6:30 p.m.** | **Dinner (Location to be Announced)**<br>**"Mystery Dessert Game" to Follow -- Don't Miss This!!!** |

**Tuesday, April 20th**

| | |
|---|---|
| **8:00 - 8:30** | **Continental Breakfast** |
| **8:30 - 9:15** | **Using A Case Study Approach To Achieve Systemic Change**<br>*Janet Steveley* |
| **9:15 - 10:00** | **Incorporating Transitional Goals Into the IEP**<br>*Janet Steveley, Michael Valentine, and Ghaske Lee* |
| **10:00 - 10:15** | **BREAK** |
| **10:15 - 11:15** | **Using Personal Futures Planning "Maps" In The Case Study Approach**<br>*Cynthia Ingraham and Janet Steveley* |
| **11:15 - 12:00** | **Working Session: Using "Maps" In the Case Study Approach** |
| **12:00 - 1:00** | **LUNCH** |
| **1:00 - 1:30** | **Strategies For Effective Meetings: Nuts and Bolts**<br>*Patricia Rachal* |
| **1:30 - 2:30** | **Working Session for Teams to Develop Their Own Operating Procedures and Action Plans** |
| **2:30 - 2:45** | **BREAK** |
| **2:45 - 3:30** | **Where Do We Go From Here?** *(Michael Valentine and Janet Steveley)*<br>**- Report on Action Plans**<br>**- Resource Hints**<br>**- Kaizen**<br>**- Evaluations**<br>**- Needs Assessment for Future Team Trainings** |
| **3:30 p.m.** | **Adjourn -- Have a safe trip home!** |

# An Interagency Approach To

# Achieving Person-Centered Outcomes:

***A State and Local Team Partnership***

***Phase II***

## Bridgeport, West Virginia

## September 23 and 24, 1993



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**WV Local Team Training**
**Fall Conference**
**Bridgeport, West Virginia**
**September 23-24, 1993**

**September 23, 1993**

**10:00-11:30** **Welcome/Introductions**
**Conference Overview**
**Local Team Updates**

*Michael Valentine, Ph.D., West Virginia Services for Children With Deaf-Blindness*
*Janet Steveley, Helen Keller National Center-Technical Assistance Center*
*Patricia Rachal, Interagency Consultant, Helen Keller National Center-Technical Assistance Center*
*Local Teams*

**11:30-12:30** **Transition Goals that Reflect the Future**

*Brent Bailey, Consultant, Deaf-Blindness*

**12:30-1:45** **Luncheon:**
**Strategies for promoting friendships and social relationships.**

*Ian Rudick, Planning and Development Coordinator*

**1:45-3:30** **A Changing View of Transition**

**Teach or Adapt**

*Brent Bailey*

**3:30-3:45** **BREAK**

**3:45-4:45** **Vision Planning**

*Brent Bailey*
*HKNC Support Staff*
*Michael Valentine*
*Local Teams*

**4:45-5:00** **Report-out**

**September 24, 1993**

**8:30-9:00** Coffee
Review

**9:00-9:45** Problem Solving Strategies
*Team Self Review*
*Goals/Roles/Process*

*Janet Steveley*
*Patricia Rachal*
*Cynthia Ingraham, Helen Keller Regional Representative*

**9:45-10:00** BREAK

**10:00-11:00** Local Team Activity- Each team will modify an appropriate IEP/ITP for a transition age student from their area. *Brought with them as preconference assignment.*

**11:00-11:45** Medicaid
- o Waiver Money
- o General Services
- o ICF Homes and Process
- o Local Team assistance and contact person
- o Security in funding

*Jim Green, Director of Long Term and Alternative Care*

**11:45-12:15** Action Plan

**12:15-1:30** Luncheon:
- o Report on Action Plans
- o Kaizen
- o Evaluations
- o Needs Assessment for Future Trainings

**1:30** Adjourn

**Have A Safe Trip Home!**

# An Interagency Approach To

# Achieving Person-Centered Outcomes:

***A State and Local Team Partnership***

***Phase III***

## Lewisburg, West Virginia

## March 24 and 25, 1994

# An Interagency Approach To Achieving Person-Centered Outcomes:

## *A State And Local Team Partnership*

March 24 and 25, 1994
Brier Inn
Lewisburg, WV

**Thursday: March 24th**

| | |
|---|---|
| **8:30** | **COFFEE** |
| **9:00-10:30** | **Introductions**<br>**Mission and Goals Update**<br>**Sharing Processes (What has helped)**<br>**Nameplate**<br><br>*Michael Valentine, West Virginia Services for Children with Deaf-Blindness*<br>*Patricia Rachal, Interagency Consultant, Helen Keller National Center-Technical Assistance Center*<br>*Local Teams* |
| **10:30-10:45** | **Break** |
| **10:45-11:30** | **Developing Community Opportunities in Rural Areas**<br><br>*Michelle Howard Carie, Supported Employment Field Coordinator, Indiana University, Institute for the Study of Development Disabilities, Center for School and Community Integration* |
| **11:30-12:15** | **Transportation in Rural Areas**<br><br>*David Johnson, Director, Mt. Transit Authority, Board Member, WV Public Transportation Advisory Board*<br>*Rosa Griffith, Technical Assistant, Mountain State Center for Independence Living*<br><br>**Ruritans**<br><br>*Susan Kephart, Teacher, West Virginia Schools for the Deaf and Blind* |
| **12:15-1:15** | **Lunch**<br><br>Discussion Continues |
| **1:15-2:30** | **Utopia - How It Is Supposed To Work**<br><br>Community Based Instructions<br>Vocational Evaluations<br><br>*Michelle Carie* |

**Thursday Continued:**

| | |
|---|---|
| **2:30-2:45** | **Break** |
| **2:45-3:30** | **Making It Work: How to pull it together**<br><br>*Michelle Carie*<br>*Janet Steveley, Helen Keller National Center-Technical Assistance Center*<br>*Michael Valentine*<br>*Barbara King, Chief, Services for the Deaf and Deaf-Blind, WV Division of Rehabilitation Services*<br>*Barbara Grady, Parent-Educator, Parent Resource Center, WV Department of Education*<br>*Wanda Radcliffe, Education Coordinator, Office of Behavioral Health, Division on Developmental Disabilities* |
| **3:30-4:15** | **(GROUP) 45 Minutes: Community Action Plan** |
| **4:15-5:00** | **Report Out** |

**Friday: March 25th**

| | |
|---|---|
| **8:00-8:30** | **COFFEE and Overview** |
| **8:30-9:45** | **Work Incentives: Making it work for YOU!**<br><br>*Ken Schnur, Operating Supervisor, Social Security Administration, Covington, VA* |
| **9:45--10:00** | **Break** |
| **10:00-11:30** | **Waiver: What Is It? How To Use It.**<br><br>*Charles Pavelites, Coordinator, Title XIX HCB MR/DD Waiver Program, WV Office of Behavioral Health* |
| **11:30-12:15** | **Assistive Technology: What's Available and How To Get It**<br><br>*Michael Valentine*<br>*Barbara King*<br>*Wanda Radcliffe*<br>*Annette Carey* |
| **12:15-1:15** | **Action Plan and LUNCH** |
| **1:15-2:00** | **Report Out**<br>**Summary**<br>**Kaizen**<br>**Evaluations: Where Do We Go From Here?**<br><br>***Janet Steveley, Pat Rachal, Michael Valentine*** |
| **2:00** | **Adjourn** |

**(WVITT and HKNC-TAC : Where Do We Go From Here?)**

West Virginia Department of Education
**Deaf-Blind Project**

TRAINING EVALUATION FORM

***Title of Training***: Introduction to Deaf-Blindness

***Dates of Training***: July 13 and 14, 1995

***Location of Training***: Pipestem, West Virginia

*Please rate the training in which you just participated across each dimension. Your input will be used to plan and provide future training activities. Thank you.*

| | RATING | | | | |
|---|---|---|---|---|---|
| | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| | **5** | **4** | **3** | **2** | **1** |
| 1. Training objectives met | | **4.5** | | | |
| 2. Knowledge and Preparedness of trainers | **5** | | | | |
| 3. Value of ideas for use on my job | | **4.7** | | | |
| 4. Opportunities to make new contacts/ meet with people | | **4.6** | | | |
| 5. Organization of the training | | **4.7** | | | |
| 6. Overall rating of trainers | | **4.9** | | | |
| 7. Overall rating of the training | **5** | | | | |

**What I would like to use in my classroom**:
"Individual consideration for Communication System information".
"More functional/accurate assessments for students who are visually/hearing impaired (behavioral, communication, basic development)."
"Touch/Object Cues, and Actual Object Tangible Symbols."
"Communication systems ideas."
"Implement communication system w/ picture symbols with daily schedule to make choices initiate conversation. I learned some signing for use with another student and behavioral analysis."
"Use of identification of behaviors process, identification of communication means early, early in the infants life"

**Comments:**
"It is one of the best workshops I have attended in my educational career."
"Looking forward to perhaps a workshop on assessment instruments at one of the school psychology. conference."
"I want more specifics and discuss some individual cases."
"Good Presentation!!!! Wonderful overviews of concepts in need areas!"
"Enjoyed this."
"Thanks-I conceptually know more now. This makes sense."

# West Virginia Deaf-Blind Project

## Resource Materials Center

## *Loan Guide*

## West Virginia Department of Education

*September 1993*

The resources, books and videotapes listed in this guide are available from the West Virginia Department of Education, Deaf-Blind Project. Items listed are available on a 30-day loan at no cost to the recipient. Order forms are located in the back of this guide.

This guide is divided into two Sections: Books and Videotapes. Each section is categorized by the following topics: Deafness, Deaf-Blind/Multihandicapped, Blindness, and Sign Language/Interpreters. Please take time to peruse carefully. The Deaf-Blind/Multihandicapped section includes information concerning deaf-blindness as well as general information on special education.

These resources are available for professional growth and for personal enjoyment. Please share this guide with co-workers, families of students with disabilities, or others who may have an interest. Additional copies can be obtained at no cost by calling (304) 558-2696 or 1-800-642-8541 (V/TT).

It is hoped that these materials will enhance services to students with deaf-blindness and all students with disabilities.

Michael A Valentine, Ph.D.
Project Director
Deaf-Blind Project

## TABLE OF CONTENTS

*There are no page numbers. This will enable updates to be provided quickly and easily without the replacement of the entire guide.*


**SECTION I** **BOOKS**

Deafness.....Buff

Deaf-Blind/Multihandicapped.....Green

Blindness.....Yellow

Sign Language/Interpreter.....Salmon

**SECTION II** **VIDEOTAPES** (Blue)

Deafness.....Buff

Deaf-Blind/Multihandicapped.....Green

Blindness.....Yellow

Sign Language/Interpreter.....Salmon

Request Forms.....Golden Rod

**RESOURCE LIBRARY FOR TEACHERS AND SERVICE PROVIDERS OF DEAF-BLIND CHILDREN,**

Selection of the materials for the sets was made through the cooperative efforts of the teachers and consultants to represent the diverse needs of children with deaf-blindness. The consultants were from TRACES, D-B LINK, and others such as Terry Rafalowski Welch. Areas addressed include communication, mobility (orientation and mobility as well as sitting, standing, and walking skills), inclusions and integration, medical aspects, family resources, sign language, assistive technology, etc. Each set is a mini library designed to provide teachers, families and service provider a comprehensive approach to serving children with deaf-blindness.

Teachers- 38 sets (one to each teacher except where there are two teachers in one school)
RESAs- 8 sets
Part H on Quarries- 1 set
IRC- 1 set
WVSDB- 1 set
Deaf-Blind Project- 1 set

**Total = 50 SETS**

Etiologies and Characteristics of Deaf-Blindness
Teaching Research Publications
Western Oregon State College
345 N. Monmouth Ave.
Monmouth, OR 97361
(503) 838-9792

Perspectives
Indiana Deaf-Blind Project

Hand-In-Hand
American Foundation for the Blind
c/o American Book Center Brooklyn Navy Yard
Building No. 3
Brooklyn, N.Y. 11205
(718) 852-9873

Batshaw and Perret Children with Disabilities: A Medical Primer
3rd edition
Paul H. Brooks Publishing Co.
P.O. Box 10624
Baltimore, Md 21285
1-800-638-3775

C.O.A.CH.
Choosing Options and Accommodations for Children
Paul H. Brooks Publishing Co.
P.O. Box 10624
Baltimore, Md 21285
1-800-638-3775

Welcoming Children who are Deaf-Blind into a Typical Classroom.
Paul H. Brooks Publishing Co.
P.O. Box 10624
Baltimore, Md 21285
1-800-638-3775

Merrick Manual
Medical Dictionary
Walden Book Store Town Center

Videos:
You and Me and Interveners (plus two more videos)*
Teaching Research Publications
Western Oregon State College
345 N. Monmouth Ave.
Monmouth, OR 97361
(503) 838-9792
**(two more videos will be encoumbered but not sent until spring)**

Homemade Battery Powered Toys and Educational Devices for Severely Handicapped Children
More Homemade.....
Two Books from:
Linda J. Burkhart
8503 Rhode Island Ave
College Park, MD 20740
or PO Box 793
College Park, MD 20740
1-301-345-9152

The following was orderd through:
Teaching Research Publications
Western Oregon State College
345 N. Monmouth Ave.
Monmouth, OR 97361
(503) 838-9792

Sensory Assessment Manual
by Pamela J. Cress

Augmentative Communication for Children with Deaf-Blindness - Guidlines for Decision Making

Play Activities and Emergent Language: Intervention Procedures for Young Children with Deaf-Blindness
by Joan Rich et.al.

Enhancing Interactions Between Service Providers and Individuals who are Severely Disabled: Strategies for Developing Non-Symbolic Communication
by Ellin Siegel-Causey and Doug Guess

Communication Curriculum for Children and Students with Severe Handicaps
by Kathleen Stremel-Campbell

Communication Placement Assessment for Children and Students with Severe Handicaps
by Judy Clark-Guida and Kathleen Stremel-Campbell

**For IRC, Shawnee Hills and Part H Only**

Ski Hi Resources
Understanding and Interacting with Infants, Toddlers and Preschoolers
Hope Enterprises
1-800-752-9533

Ski Hi Video Series Interactive Series and Coactive Signing
Hope Enterprises
1-800-752-9533

*For More Information, Contact:*
Michael A. Valentine, Ph.D.
Project Director
West Virginia Department of Education
558-2696 or 1-800-642-8541

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Henry R. Marockie
State Superintendent of Schools

MICHAEL A VALENTINE PH D
WEST VIRGINIA DEPARTMENT OF EDUCATION
BUILDING 6 ROOM 304
1900 KANAWHA BOULEVARD EAST
CHARLESTON WV 25305-0330

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43

# *Services for Children with Deaf - Blindness*

*West Virginia Department of Education*
*Supported by*
*U. S. Department of Education Grant*
*#H025A20018*

44

## *Services Available*

- **Identification** of children with deaf-blindness in West Virginia.
- **Technical Assistance and Training** based on individual needs and requests for **service providers and families,** provided in the home, at school, or where appropriate for individual.
- Assist in the **transition** of youth with deaf-blindness from school to the community.
- **Coordination of Services** with other programs such as the West Virginia Department of Health and Human Resources, the Division of Rehabilitation Services, state operated programs and other agencies and individuals.
- **Clearinghouse of information and resources** for families, service providers, and the community.
- Utilization of an **advisory committee** comprised of consumers, families, and service providers in the development and implementation of services.

## *Definition of Deaf-Blindness*

Children with hearing and visual impairments occurring together, the combination of which causes such severe communication and other developmental and educational problems that they cannot be appropriately educated in special education programs solely for children with deafness or blindness, are considered deaf-blind.

Infants and toddlers with deaf-blindness include individuals from birth through age 2 who are experiencing developmental delays in hearing and vision, have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays in hearing and vision, or are at risk of having substantial developmental delays in hearing and vision if early intervention services are not provided.

## *Who Can Request Services?*

- Children who are deaf-blind from birth through age 21.
- Educational personnel working with at least one individual who is considered deaf-blind.
- Parents, family members, and care providers for individuals with deaf-blindness ages 0-21.
- Agency representatives, medical personnel, and others providing services to individuals with deaf-blindness, ages 0-21.



☐ Please send me additional information about this project.

☐ I would like to discuss with you the need for technical assistance.

☐ Please add my name and address to your mail list

Name and Title: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip Code: _____

County: _____

# KEEPING IN TOUCH

SERVING THE NEEDS OF INDIVIDUALS WITH DEAF-BLINDNESS

*Henry R. Marockie State Superintendent of Schools* *Fall 1993*

**Editor's Note:**

Welcome back to school and *KEEPING IN TOUCH*. I hope you have had an enjoyable summer. Last year was an exciting time to be in the field of deaf-blindness. This year promises to be even better. Our Transition Demonstration Project, sponsored by the Helen Keller National Center-Technical Assistance Center and the West Virginia Deaf-Blind Project, is in full swing with excellent innovative person-centered transition plans being designed and implemented. Located in Greenbrier County, Wood County, and the West Virginia Schools for the Deaf and Blind, the transition projects are developing strategies which can be shared for the transition-age student with deaf-blindness in your school.

There is a wealth of information available through the West Virginia Deaf-Blind Project. The Resource Material Loan Guide lists books and videotapes on deafness, deaf-blindness, blindness, and sign language available on a 30-day loan basis. Each county special education director has a copy of this new guide.

Throughout the school year, keep in touch. Your comments, suggestions and requests have made this newsletter a success. Articles or ideas that you find helpful or interesting may be of interest to others. Please continue to share this newsletter.

**HAVE A WONDERFUL YEAR!!**

*-Michael Valentine, Deaf-Blind Project Director*

## Transition Update

**TRANSITION TO ADULTHOOD: ACHIEVING SUCCESSFUL OUTCOMES**

**PROGRAM EVALUATION QUESTIONNAIRE**

To assess whether special education programs are focused in ways that are likely to lead to successful transitions, questions must be asked of both teachers and school administrators:

o Is the development of good communication skills a focus of instruction?

continued in next column

o Do your students spend increasing amounts of time in community-based settings as they grow older?

o Do you regularly engage in transition planning with student, interested family members, and appropriate community agencies?

o Do you currently develop ITPs that reflect the student's choices and lifestyle?

o Do you find that your student's challenging behaviors interfere with accessing community-based instruction and vocational experiences?

continued on page 2



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o Are the goals of your transition program driven by what is available or what is desirable?

o How many of your students have transitioned to integrated adult lifestyles?

*1992 Gothelf, Crimmins & Woolf, National Conference on Deaf-Blindness (adapted)*

**PLEASE HELP**

*We are updating our mail list. Please check to ensure your name and address on the mailing label is correct. Notify Pam Curtis at 558-2696 or 1-800-642-8561 (v or t) with your corrections.*

**THANK YOU!!**

## TEACHER'S CORNER

**A CASE FOR TEACHING FUNCTIONAL SKILLS**

*My brother, Daryl.*

*He's 18 years old, got a 30-40 IQ.*

*He's been in school 12 years-elementary school.*

*Daryl has had a number of years of individual instruction.*

*He's learned to do a lot of things.*

*My brother can do lots of things he couldn't do before!*

He can put 100 pegs in a board in less than 10 minutes while in his seat with 95 percent accuracy...

*but he can't put quarters in vending machines.*

On command he can ''touch'' nose, shoulder, leg, foot, hair, ear...

*but he can't blow his nose when needed.*

## TEACHER'S CORNER (continued)

He can sort blocks by color; up to 10 different colors...

*but he can't sort clothes; whites from colors for washing.*

He can roll Play Dough and make wonderful clay snakes...

*but he can't roll bread dough and cut out biscuits.*

He can count to 100 by rote memory...

*but he doesn't know how many dollars to pay the waitress for a $2.59 McDonald's Coupon Special.*

He can sit in a circle with appropriate behavior and sing songs and play ''Duck, Duck, Goose''...

*but nobody else in his neighborhood his age seems to want to do that.*

**I Guess he's just not ready yet.**

-Adapted from Preston Lewis
Published in TASH Newsletter - 12/89



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## IEP ADULT SKILLS CRITERIA CHECKLIST

*KEY:* *1- Definitely No* *2- Probably No* *3- Maybe/Sometimes*
*4- Probably Yes* *5- Yes*

These IEP goal/objectives should be rated according to their relevance to adult life skills.

Student's Name:_____

Completed By:_____

Date:_____

| | | IEP Goals/Objectives | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | #1 | #2 | #3 | #4 | #5 | #6 | #7 |
| 1. | Will acquisition of this skill allow student to function more independently in the residential environment? | | | | | | | |
| 2. | Will acquisition of this skill allow student to function more independently in the school/ educational environment? | | | | | | | |
| 3. | Will acquisition of this skill allow student to function more independently in the community environment (e.g., social activities, shopping, transportation)? | | | | | | | |
| 4. | Will acquisition of this skill enable student to function in vocational environment? | | | | | | | |
| 5. | Will acquisition of this skill promote integration with non-disabled peers? | | | | | | | |
| 6. | Will acquisition of this skill promote integration with disabled peers? | | | | | | | |
| 7. | Will this skill improve the student's quality of life? | | | | | | | |
| 8. | Is acquisition of this skill a stated or implied preference by the student? | | | | | | | |
| 9. | Will acquisition of this skill enhance student's ability to make choices? | | | | | | | |
| 10. | Is this skill commonly reinforced in the natural environment? | | | | | | | |
| 11. | Is this a skill that will be taught in the natural environment? | | | | | | | |
| 12. | Is this a skill that the student will have an opportunity to practice on a regular basis? | | | | | | | |
| 13. | Is the skill age-appropriate? | | | | | | | |
| 14. | Are the setting, materials, cues, and strategies that will be used to teach this skill age-appropriate? | | | | | | | |

-The Activities Catalog

## Usher Syndrome

*by*
Sandra L.H. Davenport, M.D.
Sensory Genetics/Neuro-development
5801 Southwood Drive
Bloomington, MN 55437-1739

**WHAT IS USHER SYNDROME?**

People with Usher Syndrome are born deaf or hard of hearing and, usually by teen-age, start losing vision due to Retinitis Pigmentosa, which is also called RP.

**WHAT IS RP?**

RP is a problem in the retina, which is the inside back layer of the eye. The RP causes the rods and then the cones of the retina to gradually quit working. Rods control night vision and cones control day vision. These cells gradually deteriorate over many years causing vision loss. The usual pattern of loss is listed below but how fast the vision disappears is different from person to person. Also, some people may have periods of rapid vision loss followed by years when the vision stays just the same. There is not a good way of predicting how fast any individual person's vision will get worse.

| SYMPTOMS | BEGIN AT | WHAT HAPPENS |
|---|---|---|
| *Night vision loss (rod loss in retina)* | 0-20 years | Baby - does not reach for a bottle in the dark.<br>Young child - is afraid of the dark and will not go to bathroom without a night light.<br>Child - will not go anywhere at night without a guide or a light such as from car to house, to latrine at camp.<br>- does not see the stars at night<br>- misses information in class if lights are turned down<br>- has problems in dark halls or dorm rooms in dim light.<br>Teenager - bumps into people or objects in dark hallways, theaters, teen centers, etc. or has trouble reading signs or speech.<br>- may avoid goining to social events at night.<br>Adult - cannot see to drive at night<br>- has problems in darkened restaurants or theaters<br>- cannot see the stars<br>- cannot do yardwork or hunt at twilight. |
| *Peripheral vision loss (cone loss on sides of retina)* | 5-40 years | Early small blind spots are not noticed because moving the eyes around (scanning) fills in the missing information.<br>When a ring-shaped blindspot is present, people become accident-prone but often do not realize why they did not see the oncoming person, bicycle or car, the object or child on the floor, the open door or object which has been moved to a new spot.<br>Kids begin having problems playing team or ball sports because they lose track of the ball or do not see opponents coming from behind or from the sides.<br>Friends call them "stuck-up" because they do not realize other kids are trying to get their attention.<br>In class, the teacher has a harder time getting their attention and they miss information in group situation. |



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| SYMPTOMS | BEGIN AT | WHAT HAPPENS |
|---|---|---|
| *Central vision loss (cone loss in the center of vision)* | 20-50 years | The field of vision in the center (where one looks directly at objects) gradually decreases from about 45 degrees to about 5 degrees over 1 - 3 decades. Then the vision tends to remain stable for a while and may even be 20/20 with or without glasses.<br>When the field of vision is 20 degrees or less, this is declared legally blind even though the remaining vision may be very clear. At this stage, stumbling and bumping into things becomes enough of a problem that mobility training for the individual improves confidence and ability to get around.<br>Central vision can disappear completely, but most people can at least make out shapes or shadows until they are in their 60's or even later. |
| *Cataracts ( in the lens, not in the retina)* | 20-50 years | Estimates vary, but from 60-100% of people with Usher Syndrome will eventually get cataracts.<br>Cataracts are densities or clouding of the lens in the front of the eye. Since light has to pass through the lens to get to the retina, a cataract either bends the light in the wrong direction or prevents the light from going through at all. Therefore, the person gradually notices colors getting duller and light getting dimmer. Objects become blurry and light glares. This is much like having dirty glasses or windshield. The more dirt, the harder it is to see. The same is true with cataracts.<br>Cataracts can be removed by an eye surgeon. The results are usually excellent, but there are a few risks which each person should discuss fully with the eye doctor. |

Just by looking at the eyes, doctors cannot tell the difference between RP of people with various types of Usher Syndrome or people with RP alone. However, there may be some minor time on onset differences between the types because of when people first remember having symptoms of vision loss. To tell what type of Usher Syndrome it is, whether it is RP alone or another syndrome, requires a genetic evaluation including a thorough family history and examination. It is also important that the eye doctor orders an ERG (electroretinogram) in order to confirm the RP diagnosis.

**WHAT ARE THE TYPES OF USHER SYNDROME?**

At least two types of Usher Syndrome have been identified but many people do not fit these categories exactly. The major difference is in degree and pattern of the hearing loss and whether or not balance problems exist.

Some authors have stated that mental retardation and/or mental illness affects up to 25% of people with Usher Syndrome. Many of us do not believe this, but more thorough research needs to be done in this area. People who have both hearing and vision impairments may be mislabeled as mentally retarded because they did not have the right tests or the right educational setting. Most, if not all, people with Usher Syndrome get depressed when they lose a lot of vision. Psychiatrists who are not familiar with how deaf-blind people react to depression may think these people are psychotic when they are just severely depressed.

**OTHER CAUSES OF HEARING LOSS AND RP**

About a dozen other conditions exist that can be confused with Usher

continued on page 6

| | USHER TYPE I | USHER TYPE II |
|---|---|---|
| Hearing loss | Children are born profoundly deaf or with just a little hearing in the low tones at loud levels of sounds.<br>Most but not all state that hearing aids help only a little or not at all.<br>Some young children are showing benefit from cochlear implants. | Children are born hard of hearing with sloping audiogram so hearing high pitches is harder than hearing low tones.<br>Hearing aids are effective and most children are mainstreamed.<br>Hearing loss does not change over many years but may go down with noise exposure or with aging.<br>When vision gets bad, people think they are losing their hearing but, instead, they are losing their ability to lipread. |
| Balance | Signals from the inner ear balance organ (vestibule) are absent at birth. This means that babies are late walkers and often seem to be clumsy. Once children learn to trust their vision and muscles, they walk, run, and do physical activities normally.<br>When they begin to lose their vision, either at night or with peripheral vision loss, they again feel unsteady and have to get used to the decreased vision. | Children are born with normal inner ear balance organ and do not have problems with balance. |
| RP | Night vision problems may be present as babies or preschoolers.<br>Peripheral vision may be moderately affected by early teenage. | May be the same as for Type I, but some have no eye problems at all until mid to late teenage. |
| Other problems | None | None |

Syndrome because they have both hearing impairment and retinal disease. The retinal disease may be actual RP, Atypical RP or conditions that look like RP on the retina but are not. One example is that sometimes Usher Syndrome is diagnosed as Rubella Syndrome (from German measles during pregnancy). All of these other conditions have additional problems such as neurologic problems, obesity, extra fingers and toes, problems with short stature, etc.

Because there are so many conditions, it is important that each person with Usher Syndrome be seen by a geneticist to be sure the diagnosis is correct.

**WHAT CAUSES USHER SYNDROME?**

*Usher Syndrome is inherited* from the parents even though the parents are unaffected. In fact, the person may be the only one affected in the entire family on both sides for generations. It is still genetic and is inherited in an ''*autosomal recessive*'' manner. This means that the individual with Usher Syndrome has a double dose of a recessive (weak) gene. Since all genes come in pairs, one of the Usher genes came from the mother and the other from the father. Both parents are carriers which means each has one Usher gene but also has a normal (dominant or strong) gene at that location. Therefore, neither parent has a hearing impairment or RP.

In the last two years we have now found three separate genes which cause Usher Type I (two are located on chromosome #11 and one on chromosome #14) and one which causes Type II(on chromosome #1).

continued on page 7

**CAN A PERSON BE TESTED FOR THE USHER SYNDROME GENES?**

*Yes* if there is more than one person affected in the family and if enough other relatives can be tested to be sure the right location is identified.

*No* if there is only one person affected or none, such as an unaffected spouse or a person who has a hearing impairment but no RP.

The genetic research is still in the early stages. If there are 2 or more people in the family with Usher, the testing can be done and is pretty accurate. However, this is done by ''linkage analysis'' which means that several people need to be tested to find the right location of the gene. The locations are not yet precise. In other words, the researchers have found the right neighborhood but not the right house address. In the future, once the right address is found, anyone can be tested.

If you want to be part of the research to find the exact location of the genes for Usher syndrome and to find out what genes do in the eyes and ears to cause RP and hearing loss, please write to:

The RP Foundation Fighting Blindness
1401 Mount Royal Avenue
Baltimore, MD 21217
(301) 225-9400 (voice)
(301) 225-9409 (tdd)
1-800-638-2300

**WHAT CAN BE DONE ABOUT USHER SYNDROME**

There is no cure for either the hearing loss of Usher Syndrome or for the RP. There is also no way to prevent it. Prenatal diagnosis is not available yet but will be when the gene testing is more accurate.

Nevertheless, a lot can be done for Usher Syndrome. The hearing loss sometimes can be treated with hearing aids or cochlear implants depending on the Usher type. Most important, however, is that children be placed in good educational programs, that adults can take advantage of the appropriate rehabilitation programs and that both children and adults can meet other people with Usher Syndrome and their families.

The earlier the diagnosis of RP is made, the easier it is for both the child and the parents. By the time teenage rolls around, hearing impaired kids think of themselves as deaf or hard of hearing only and plan their futures accordingly. If they know they have a vision impairment that will get worse over time, they can learn what that means and how to cope with it in stages. They and their families can meet other people with Usher Syndrome, of which there are at least 10,000 in the United States alone. From others they can learn what the problems and the joys are, how to adapt in order to lead a full and satisfying life.

Every attempt should be made to locate professionals and agencies that have expertise in Usher Syndrome. Often the best place to start is by calling the Helen Keller National Center to find out how to contact their regional representative. That representative usually knows the most helpful resources in each state or at least the place to start.

Helen Keller National Center for Deaf-Blind Youth and Adults
HKNC National Headquarters
111 Middle Neck
Sands Point, NY 11050
(516) 944-8900 (Voice and TDD)

**SUGGESTIONS**

Please send comments and suggestions for this and future newsletters to:

*Dr. Michael Valentine*
*Coordinator, Vision and Hearing Programs*
*Office of Special Education*
*West Virginia Department of Education*
*Building 6 Room 304 Capitol Complex*
*Charleston, West Virginia 25305*
*558-2696 (v/tdd) or*
*1-800-642-8541*

Office of Special Education
West Virginia Department of Education
Building 6, Room 304
Capitol Complex
Charleston, West Virginai 25305

# KEEPING IN TOUCH

**SERVING THE NEEDS OF INDIVIDUALS WITH DEAF-BLINDNESS**

*Spring 1993*

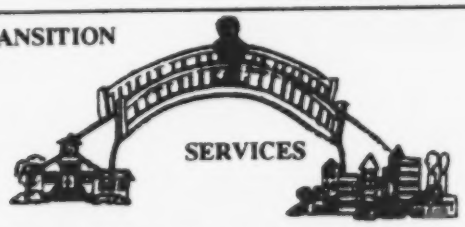
***Editor's Note:***

Welcome to the second newsletter of the West Virginia Deaf-Blind Project. It has been an exciting year in education and deaf-blindness. I am pleased to announce the HKNC-TAC decision to select West Virginia as one of its grant recipients for a Transition Demonstration Project. As discussed in this newsletter, this is an opportunity for us to identify best practices and to provide quality transition services using a case study approach.

I would like to thank our contributing writers\teachers for their time, knowledge, and willingness to share and other individuals who have offered suggestions, ideas and articles. These contributions have made this newsletter our newsletter. As stated before, the newsletter can be copied to share with parents, other teachers, or other interested individuals.

**ENJOY THE SUMMER!!**

*-Michael Valentine, Deaf-Blind Project Director*




## TRANSITION IN ACTION

West Virginia has been awarded a two-year grant from the Helen Keller National Center's Technical Assistance Center (HKNC-TAC). ''Transition in Action for Persons with Deaf-Blindness: A State and Local Team Partnership'' is a unique training opportunity addressing the transition of youth with deaf-blindness and other severe disabilities from education to adult life. Interagency teams have been established at the state and local levels. Training has begun on using a ''case study'' approach. Participating teams will focus on at least one or more young adults to identify the processes and strategies necessary to move students smoothly from school to quality adult lifestyles.

This project involves a two-tiered approach to addressing transition issues: state team and local teams. Local teams often face issues with which they have little control. Some of these issues may include barriers of funding, licensing, and certification. The state team may have no knowledge of these barriers, and thus, do not seek solutions. The state team in this transition project will be primarily responsible for conducting training and supporting the local teams throughout the period of the project. Each state team member will be available to attend local team meetings, assist in start-up, and maintain communication with the local team over the course of the two year project period. State team contacts will bring

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barriers identified by local teams to the state level for consideration and/or resolution.

Three local teams have been selected based primarily on their immediate transition needs: **Wood County, WVSD and Blind, and Greenbrier County**. Our first training was conducted on April 19 and 20, 1993 in Morgantown, WV. Interagency Collaboration, using a ''case study approach'', and effective client-centered transition planning were the focus for this intensive two day session. At least two additional training workshops are being planned over the next two years based on the local teams' stated needs. This training is to establish and maintain local efforts to focus on improved outcomes for young adults with deaf-blindness who are exiting education. Training is provided by TRACES and HKNC-TAC staff as will as other knowledgeable professionals. The training will assist teams in establishing procedures for transition planning to meet the new requirements set forth in the Individuals with Disabilities Education Act (IDEA). The next workshop will be held in September, 1993.

Local teams will be developing and/or enhancing model sites and processes to ensure quality services for those students chosen by the team as ''case studies''.

***These ''best practices'' will be periodically shared for all our benefit so watch for TRANSITION UPDATES in future newsletters.***

*"Our moral responsibility is not to stop the future, but to shape it...to channel our destiny in humane directions and to ease the trauma of transition."*
*-Alvin Toffler, American Futrist*

**BROCHURES AVAILABLE**

West Virginia Department of Education, Office of Special Education has available :

*Services for Children with Deaf-Blindness*

Contact Dr. Valentine at 558-2696 or 1-800-642-8541.

## Independence Without Sight or Sound: Suggestions for Practitioners Working with Deaf-Blind Adults

Written in a personal and informal style by orientation and mobility instructor Dona Sauerburger, Independence Without Sight or Sound is a practical guide that covers the essential aspects of communicating and working with deaf-blind people. Full of useful information on subjects like how to talk with deaf-blind people, adapt orientation and mobility techniques for deaf-blind travelers, and interact with deaf-blind individuals socially, this exciting new publication also contains resource lists and sources of adapted equipment.

Robert J. Smithdas, Assistant Director of the Helen Keller National Center for Deaf-Blind Youth and Adults, writes in the book's preface: ''If Dona Sauerburger's book had been available when I was a young man, it would have been invaluable to me as a consumer. It would have given me the confidence to go out and meet the world, secure in the belief that I could rely on my knowledge and abilities, in spite of my disability of deaf-blindness. Ms. Sauerburger's book is a landmark contribution to the literature on deaf-blindness and human services.''

ISBN 0-89128-246-7 (papercover), $35.00 (p/h $4.50)

# Perspective of Parents Whose Children Have Dual Sensory Impairments

Michael F. Giangreco, Chigee J. Cloninger, Patricia H. Mueller, Susan Yuan and Susan Ashworth

Although educators and other professionals acknowledge the importance of involving parents in their children's education, few researchers have investigated parental perception of educational and related services. This study identified four major themes during interviews with 28 families whose children have dual sensory impairments. These concerns cluster around parental perception of a ''good life'' for their children, as well as their experiences with fear, frustration, and change. Implications from the analysis may assist teachers, related service professionals, and administrators working with families to understand more fully parental perspectives.

The results section culminates with a summary of what parents said they wanted from school professionals. Parents interviewed during this study identified four major areas that dominated their thinking about their child's school experience.

**Quality Indicators: ''I want my child to have a good life''**

As what might be expected from any parent, parents identified five major characteristics of a ''good life'' for their children.

- o The need for a safe, comfortable, stable home was paramount. (avoid: nursing homes, large group homes, institutions)
- o Establish and maintain a social network of ''people who care''.
- o Work should be valued by society as well as meaningful, interesting, image-enhancing, and preferred by the individual. If work is not an option, then activities to make him/her feel important, something he/she is good at, to be useful.
- o It is important to have a variety of opportunities, experiences, and settings.
- o Health and comfort must be present to pursue these quality of life indicators.

**Fear: "Everybody's afraid"**

Fear of the future led many parents to indicate they were ''uncomfortable'' and ''avoided'' long-range planning for their children because ''it's too big an unknown.'' It was a coping mechanism to reduce stress and unnecessary worry about events over which parents perceived they had little or no control. Those parents who had a positive vision of their child's future progress seemed willing to engage in long-range planning. Those with a pessimistic view of their children's future tended to avoid long-range planning. Parents said they believed vision and hearing specialists could be of assistance in supporting the education of their children, but perceived professionals as ''afraid to admit when they didn't know something.'' Often described as overprotective, parents attached that description to professionals, who they believe acted out of fear and not knowing what to do.

**Frustration: ''Dealing with schools can be tough''**

For parents, one major frustration with school programs serving students with dual sensory impairments is the sheer number of professionals. It can be overwhelming. Those families who had a designated case manager or liaison with the school felt more satisfied. Case managers can help ''take the hassle off me.''

Parents said they viewed themselves as the coordinators of services because they knew the child best and had both the historical perspective and a vested interest in a future vision for the child. Parents indicated that being informed rather than included resulted in irrelevant educational planning or decisions that did not match the needs of the child or the family.

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**Change: ''Sometimes change is harder on us than it is on them''**

Parents indicated that they didn't want to risk making a change when they perceived the current situation as acceptable. Those with children in a self-contained (special) class responded with negative outcomes concerning a change to a general education class. Those with children in a general education class responded equally with negative outcomes concerning a change to a more segregated class. Regardless, a parent's level of satisfaction with his/her child's educational placement was strongly attributed to teachers and staff who demonstrated a genuine concern for the child by working hard to make the school experience positive and meaningful.

**Advice from Parents**

Parents were clear and consistent in their advice to professionals. First and foremost, parents wanted professionals to listen to them and trust they know the child best. Secondly, parents wanted professionals to treat their family as individual and unique, treat kids with respect and dignity, and ''treat them like kids no matter how little you think they understand.''

Parents wanted an educational program with stability that avoided shifting the student to different locations convenient for the school system but disruptive to the child and family. They longed for professionals who would be honest with them and be secure enough to ''admit when they don't know something.'' Lastly, parents wanted to be included in decisions about changes (e.g., integration) that would have a direct impact on their family.

They have challenged the professional school community to practice what they preach.

*COMPLETE ARTICLE FOUND IN: JASH 1991, Vol. 16 No.1 14-24*

(Journal of the Association for the Severely Handicapped)

*"The art of progress is to preserve order amid change and to preserve change amid order."*

*-Alfred North Whitehead*

**SUGGESTIONS**

Please send comments and suggestions for this and future newsletters to:

*Dr. Michael Valentine, Coordinator,*
*Vision and Hearing Programs*
*Office of Special Education*
*West Virginia Department of Education*
*Building 6 Room 304 Capitol Complex*
*Charleston, West Virginia 25305*
*558-2696 (v/tdd) or 1-800-642-8541*

**HELP US KEEP YOU UP-TO-DATE**

NAME:_____

TITLE/AFFILIATE:_____

ADDRESS:_____

COUNTY:_____

STATE:_____ ZIP:_____

PHONE:_____

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____Parent
____Teacher
____Administrator
____Consumer
____Resource

(specify)_____
____Other

(specify)_____

____PLEASE ADD ME TO YOUR MAILING LIST

____PLEASE NOTE CHANGE OF ADDRESS

*Please complete the above and return to Dr. Valentine at the above address.*

# SUMMARY OF THE REHABILITATION ACT AMENDMENTS OF 1992

In October, 1992 the Rehabilitation Act of 1973 was reauthorized as amended. Many of these amendments will significantly affect the provision of services. Highlighted below are those amendments which will most likely impact services to individuals who are deaf-blind.

o **Eligibility**

The amendments clarify that an individual is eligible for services if he/she is an individual with a disability and requires vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment. He/she must have a physical or mental impairment which, for the individual, results in a substantial impediment to employment and can benefit in terms of employment outcomes from VR services.

The amendments specify that he/she is **presumed** to be capable of benefitting from VR services. VR must now prove that he/she can not benefit. Extended Evaluation must be done if the severity of the disability is the reason for a determination of ineligibility.

o **Increase in consumer involvement and client choices**

The amendments require that the Individualized Written Rehabilitation Plan (IWRP) be consistent with the strengths, priorities, concerns, and abilities of the individual and include a statement by the individual, in his/her own words, on how he/she was involved in the process of choosing among the alternative goals, objectives, services, providers, and method used to provide or procure such services.

CONTINUED IN NEXT COLUMN

o **Transition**

The amendments clarify that vocational rehabilitation services available include personal assistance services, **transition services**, and supported employment.

o **Supported Employment**

The amendments clarify that there is **not a specific number of hours** per week required for a successful supported employment placement, but rather placement should be for the maximum number of hours possible based on the unique strengths, resources, interests, concerns, abilities, and capabilities of the individual.

Furthermore, the Commissioner is authorized to continue supported employment demonstration projects and to award grants for supported employment projects to serve low-functioning individuals who are deaf and hard-of-hearing.

o **Interpreter Programs**

The cap of twelve such programs is deleted and the training of interpreters for individuals who are deaf-blind is added to the authority.

o **Definition**

Under Amendments to Other Acts (Title IX), the definition of an ''individual who is deaf-blind'' is clarified to include those who can be determined to be deaf-blind through functional and performance assessment.

*Federal Regulations concerning the Amendments have not yet been released. Questions concerning the above or any of the amendments should be brought to the attention of Barbara King, Chief, Services to the Deaf and Deaf-Blind at (304) 766-4965 (V/TDD) or 1-800-642-8207 (V/TDD).*

## Sensory Adaptations

## Adaptations: A Part of Life for All of Us

Larry Gordon
Indiana State University School of Education
*(Previously published in the Indiana Deaf-Blind Project newsletter Vol. 1(4). 1990.)*

When we hear the words ''adaptive devices'' we usually think of wheel chairs for individuals with physical disabilities, hearing aids for those with hearing impairments, and canes and guide dogs for individuals who are blind. However, adaptive materials and devices are not only used by individuals with sensory impairments and multiple disabilities but by all of us.

Have you ever stopped to wonder just how vitally important adaptations are for all of us? Adaptations play a strong role for all of us in all walks of life. Just about every individual uses a variety of adaptive materials and devices in their daily functioning. In every home we make use of some sort of appliance such as an electric mixer, blender, or food processor to make the physical demands of the task easier. Timers remind us when baked goods are done and ready to be removed from the oven. TV remote control units and garage door openers save us time and energy in operating appliances and equipment. Pictures in cook books and diagrams in fix-it-books provide us with models which illustrate how things are to be done. The business world also makes use of a variety of adaptation. Cash register keys are item and color coded to automatically ring up the proper amount. Banks use automatic coin counters. Offices use copy machines which count, sort, and collate. Schools make use of calculators and computers to compile and calculate data more effectively. Intercom systems assist in communicating more efficiently. Technology has developed many types of adaptations to assist us in our everyday lives and increase productivity and efficiency.

The value of adaptations is especially relevant in the field of special education, particularly in assisting individuals with multiple disabilities. Individuals with dual sensory impairments can receive assistance and incentive to prepare them to participate in activities and events, function independently, and perform meaningful skills by use of adaptive materials and devices. Language and communication skills are developed, facilitated, and enhanced by use of adaptations such as gestures, sign systems, finger spelling, braille, palm writing, large type print, communication boards, electronic communication boards, activity boards, and electronic communicators using written or synthetic speech. Mobility and orientation are enhanced using wheelchairs, canes, guide dogs, and electronic travel aids or mobility devices. Switches assist in activating various types of equipment. Modifications of utensils are used to facilitate grasping and hand-to-mouth movements. Remote control TV devices and toys are used to provide recreational opportunities. Microcomputer mediated instruction in used to provide convenient ways of monitoring an individual's progress by automatically collecting and recording data while providing instruction and training on a particular task.

There are endless opportunities for making use of adaptations. We are only limited by the boundaries of our creativity and imagination.

### Adaptations: What Are They?

o Adaptations are materials or devices that are used to accomplish tasks more efficiently.

o Adaptations provide individuals with the opportunity to receive specific instruction and learn new skills and abilities.

o Adaptations allow individuals, regardless of abilities, to participate in an endless variety of activities.

o Adaptations help individuals function more independently in vocational, domestic, community, and recreational settings.

## Partial List of Adaptations Used by Individuals with Dual Sensory Impairments

**Communication**
Large Print/Type
Communication Boards/Books
Braille Signs
TTY's/TDD's
Portable Communicators
Alternative Keyboards-for use with computers

**Educational**
Grips for Pencils
Markers rather than Pencils
Black Bold Line Paper
Enlarged Materials
Tactile Books
Picture/Written Schedules
Picture Calendars
Tactile Schedule-concrete objects represents specific tasks
Magazine/Book Holder
Vibrators/Fans/Brow dryers

**General Adaptive Materials/Devices**
Switches-press plate switch, squeeze switch, textured press plate switch, and toggle switch.
Dycem Non-Slip Pads
Built-up Handles-to use with numerous appliances and devices
Wheel Chair Tray
Finger/Hand Splints
Velcro
Loop the Loop scissors
Clips

**Mealtime**
Curved Utensils
Straws
Grip Mugs
Scoop Dishes
Plate Rims
Built-up Bowls
Non-slip Trays/Matts
Bottle/Can Openers
Squeeze Bottles

*CONTINUED IN NEXT COLUMN*

**Recreation/Leisure**
Toys with Switches
Electronic Toys
Cassette Recorders-switches
Electric Musical Keyboards
Card Holders
Large Size Cards
Whirl-a-Wheel
Adaptations to Bicycles-handlebar, pedals, etc.
Bowling Ramp
Exercise Bike
Wheelchair Swing with Frame

**Self-Help**
Velcro for Clothes Fasteners
Velcro or Magnetic Wallets
Extensions to Knobs
Enlarged Grip on Key
Elasticized Pull-on Slacks
Large Zipper Pulls
Under Counter Jar Lid Opener
Dusting/Washing Mitt
Single Faucet for Sink and Shower
Back Scrubber
Dispenser Handle-specially designed to clamp on a variety of containers
Elevated Toilet Seat
Toilet Support
Support Bars

**Vocational**
Switches
Picture List
Tactually Discriminable Symbols for Identification
Coin Dispenser
Stapling Adaptations
Jig for folding letters, wash-cloths, and hand towels
Mail File Carrier

o Many adaptations possess a variety of purposes end functions and can be used in many different domains besides those listed.

o We wish to thank Marilyn Cahowler, OT: Ruth Freemon, OT: Nancy Kryway, Community Based Classroom Teacher; and, Glenna Timmons, Vision Consultant, for assisting in developing this list.

# Sources of Adapted Equipment and Materials

Ablenet
360 Hoover Street N.E.
Minneapolis, MN 55413

Cleo Living Aids
3957 Mayfield Road
Cleveland, Ohio 44121

Comfortably Yours
52 West Hunter Avenue
Maywood, NJ 07607

Communication Aids
324 Acre Avenue
Brownsburg, IN 46112

Community Playthings
Rifton Line for the Handicapped
Rifton, NY 12461

Computers to Help People, Inc.
1221 N. Johnson Street
Madison, WI 53715

Don Johnston Developmental Equipment
981 Winnetka Terrace
Lake Zurich, IL 60047

Educational Teaching Aids
159 Kinzie Street West
Chicago, IL 60610

Encor
Box 190
Mystic, CT 06355-0190

Fred Sammons, Inc.
Box 32
Brookfield, IL 60513-0031

Kaye Products, Inc.
202 South Elm Street
Durham, NC 27701

Levis: Custom Jeans for People with Special Needs
Levis, EPP Dept. 8888
6621 Geyser Springs Road
Little Rock, AR 77029

Luminaud, Inc.
8688 Tyler Blvd.
Mentor, Ohio 44060

Ortho-Kinetics, Inc
P.O. Box 436
Waukesha, WI 53186

Prentke-Romich
RD 2, Box 191
Shreve, Ohio 44676

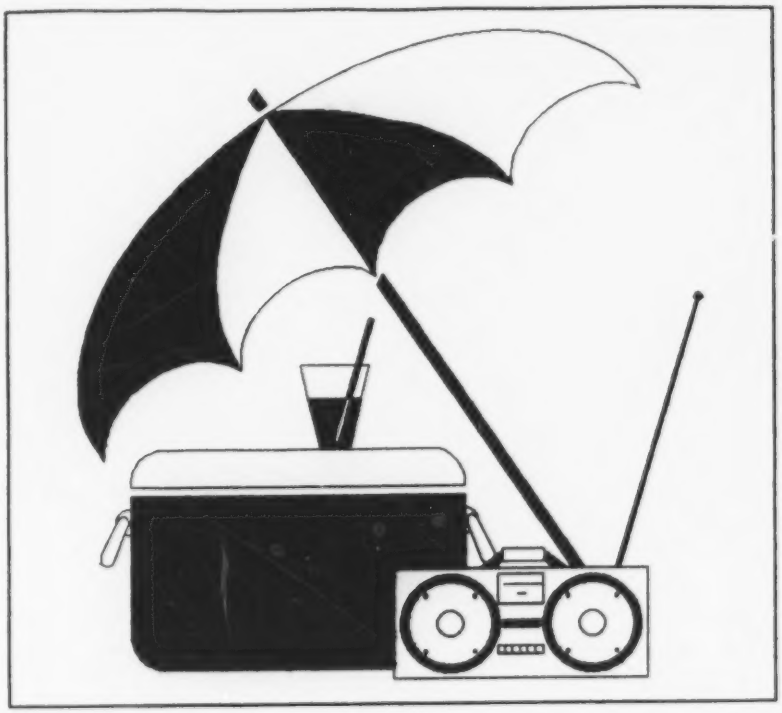
Sears Home Health Care Specialog
Sears, Roebuck and Co.
Sears Tower
Chicago, IL 60684

Zygo Industries, Inc.
P.O. Box 1008
Portland, OR 97297

*This list is not intended to be an endorsement for any of the items or companies listed, or to be a complete listing of the suppliers of adapted equipment and materials.*

**TRACES Newsletter, Spring 1993**

# TEACHER'S CORNER



**HAVE**

**A**

**GREAT**

**SUMMER!!!!**

*-Mike Valentine*

# PARENTS

## of children who are Deaf-Blind

Informal Gathering
April 25, 1995
9:00 - 12:00

Sponsored by:
West Virginia Deaf-Blind Project
Department of Education

The Department of Education will reimburse you for mileage, meals, and lodging to attend the workshop: Developing Community Living Options Based on values, choice and Innovative Financing and the Informal Gathering.

Questions? You may call Annette Carey 1-800-642-8541

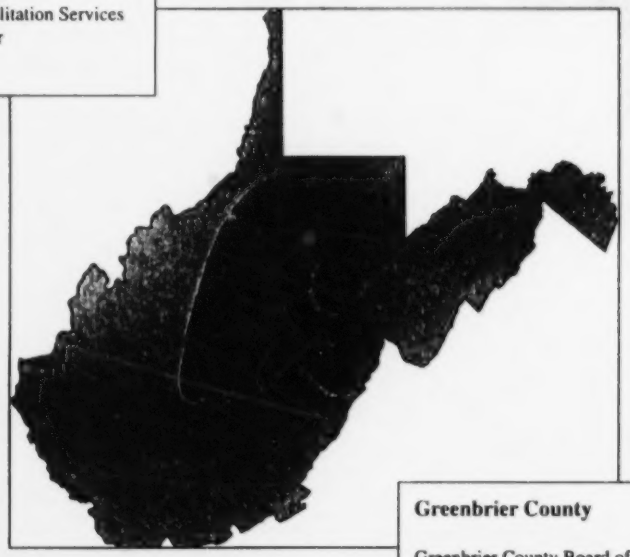
# West Virginia Interagency Transition Team (WVITT) for Students Who Are Deaf-Blind

**West Virginia Schools for the Deaf and Blind**

West Virginia Division of Rehabilitation Services
Potomac Highland Mental Health Guild
West Virginia Schools for the Deaf & Blind
Parent(s)

**Wood County**

Wood County Board of Education
West Virginia Division of Rehabilitation Services
Western District Guidance Center
Parent(s)



**Local Team's Beliefs**

**Wood County**

We believe that all students, including those with deaf-blindness, have the right to full educational, recreational, and vocational opportunities and choices in order to achieve their maximum potential and desires.

**Greenbrier County**

We believe that all individuals have the right to a life of dignity which provides the opportunity to achieve their highest potential.

**West Virginia Schools for the Deaf and Blind**

We believe that individuals with deaf-blindness are entitled to all privileges and choices through American citizenship, including but not limited to: opportunities for good health, meaningful/worthwhile employment, individualized education and a variety of options and support networks to assure the maximizing of individual potential.

**State Team's Belief**

We believe that all individuals, including those with deaf-blindness have the right to full citizenship and societal participation throughout their lives. This means individuals work, live, learn, worship, and play according to their own unique preferences and abilities.

**State Team**

West Virginia Department of Education
West Virginia Division of Rehabilitation Services
Developmental Disabilities Planning Council
Parent/Education Resource Centers
Helen Keller National Center - TAC
West Virginia Advocates
West Virginia Schools for the Deaf & Blind
Mountain State Centers for Independent Living
West Virginia Department of Health and Human Resources
Social Security Administration

**Greenbrier County**

Greenbrier County Board of Education
West Virginia Division of Rehabilitation Services
Open Doors - Behavioral Health
Life Quilters - WVU
Parent(s)

**Training Dates:**
**April 19-20, 1993**
**September 23-24, 1993**
**March 24-25, 1994**
**October 20-21, 1994**





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**DEVELOPING COMMUNITY LIVING OPTIONS BASED ON VALUES, CHOICE AND INNOVATIVE FINANCING**

| | |
|---|---|
| 9:30 | Registration/Coffee |
| 9:30-9:45 | Welcome / Overview |
| 9:45-10:45 | Values - Your Place or Mine |
| 10:45-11:00 | Break |
| 11:00-12:00 | Developing Housing That Is Consumer Controlled |
| 12:00-1:00 | Lunch |
| 1:00-2:30 | Financing Homes That Are Consumer Owned |
| 2:30-2:45 | Break |
| 2:45-4:00 | Let's Begin - Local Action Planning |
| 4:00 | Adjorn |

**HAVE A SAFE TRIP HOME!**

**The West Virginia Deaf-Blind Project: Transition Teams**

***PRESENTS:***

**DEVELOPING COMMUNITY LIVING OPTIONS BASED ON VALUES, CHOICE, AND INNOVATIVE FINANCING**

**April 24, 1995**

**Days Inn**

**Flatwoods, West Virginia**

***Sponsored by: West Virginia Department of Education Deaf-Blind Project***



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## DEVELOPING COMMUNITY LIVING OPTIONS BASED ON VALUES, CHOICE AND INNOVATIVE FINANCING

April 24, 1995
Days Inn
Flatwoods, West Virginia

**PURPOSE:**

''Choice'' and ''empowerment'' are currently busswords in the disability field; but, how many people with disabilities actually get to choose where they live and with whom they live? This workshop is intended to stretch our current perceptions about housing options for people with disabilities by exploring : (1) the myth of a continuum of residential services, (2) the values associated with supported living, and (3) creative financing strategies to enable people to live in typical housing in their communities. The end result: a place to call home.

**INTENDED AUDIENCE:**

The workshop is being provided to local teams participating in the Transition Project for Youth and Adults with Deaf-Blindness: A State and Local Team Partnership. However, all interested individuals are encouraged to attend. Housing is an issue that concerns family members, teachers, community mental health workers, vocational rehabilitation counselors, and others working towards developing housing for individuals with disabilities. This workshop promises to provide additional insights and a new perspective for families, consumers and service providers.

**PRESENTER:**

Derrick Dufresne is the President and Co-founder of Community Resource Associates, a training and management consulting firm dedicated to the development of community housing options for people with disabilities. Mr. Dufresne completed his second term on the Board of the American Association on Mental Retardation (AAMR). He co-founded the AAMR's Community Living Division and served as Chairperson of the legislative and Social Issues Committee from 1988-1990. He also served on the national Association of Private Residential Resources.

Mr. Dufresne is also a licensed real estate broker and has used his knowledge of real estate, financing, tax credits and subsidies to create affordable integrated housing for people with disabilities throughout the United States.

**ABOUT THE WORKSHOP**

This workshop is presented by the West Virginia Interagency Transition Team, a state initiative addressing the transition needs on youth who are deaf-blind from school to the community. Sponsored by the West Virginia Department of Education, Deaf-Blind Project, this is a person-centered state and local team partnership. Local teams involved in the project have identified supported living as a primary area of concern.

Parents, advocates and service providers of youth (ages 15 and up) who are disabled will find this workshop to be invaluable. Therefore.....

**PLEASE DUPLICATE AND CIRCULATE**



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***DEVELOPING COMMUNITY LIVING OPTIONS***

Days Inn
Flatwoods, West Virginia

April 24, 1995

REGISTRATION FORM

The deadline for registration is April 15, 1995. Your registration is confirmed unless you are otherwise notified. Space is limited and available on a first come first serve bases. Questions?
Call Annette Carey at:
(304) 558-2696 or 1-800-642-8541

Name:_____

Organization:_____

Adress:_____

_____

Phone:_____

For parents of children who are deaf-blind and members of the state and local transition teams for youth who are deaf-blind, there is no registration fee. For all others there is a registration fee of $15.00 which includes lunch and two breaks. Make checks payable to WVDE and mail to:

Pam Carte
WV Department of Education
Office of Special Education
Programs and Assurances
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 94-95 PROJECT**

**OBJECTIVE 1**

**Identify children with deaf-blindness.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | (4.75) | 6 |

**Notes on current status of this objective:**
Increase in identification
Numbers have increased
In the Child County -94 (+6) - why? Better TA and ID processes

**Evaluative comments to explain your rating of this objective:**
Census indicates increase in count which appears to coincide with national norms.
Continued TA will enable more accurate identification with teachers
Increase if 6 is evidence of an on-site visit and TA benefiting
I think a bit more needs to be done to be more accurate

**Additional information/evidence needed to support claims about this objective:**

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 94-95 PROJECT**

**OBJECTIVE 2**

**Provide consultation and training to service providers.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 5.25 | 6 |

**Notes on current status of this objective:**
Technical assistance request to special education directors
Req: TA needs: Primarily communication behavior
Mini-conferences: 1) pipestem - Functional Communication - 2 day conference, Terry Rafalowski-Welch lacteal symbolic nonsymbolic 2) Wood co transition
Communication & behavior management major requests.

**Evaluative comments to explain your rating of this objective:**
Consultation and training available in various areas of the state as needed.
Training based on service providers request

**Additional information/evidence needed to support claims about this objective:**

NAME:

## FEEDBACK WORKSHEET

## STATUS OF 94-95 PROJECT

**OBJECTIVE 3**

**Provide consultation and training to families.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | (4.75) | 6 |

**Notes on current status of this objective:**
Increase in telephone calls from families
Parents invited to all training
Stakeholders to include many families

**Evaluative comments to explain your rating of this objective:**
Increased participation and communication from parents/families
Increased involvement in evident; however further increased involvement should occur how that your have a list of child & teacher and can maintain individual contact.

**Additional information/evidence needed to support claims about this objective:**

NAME:

## FEEDBACK WORKSHEET

## STATUS OF 94-95 PROJECT

**OBJECTIVE 4**

**Provide technical assistance designed to promote a unified system that foster integration and age appropriate programs in the least restrictive environment.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

NOT AT ALL 1 (5) COMPLETELY 6

**Notes on current status of this objective:**

Appropriate inclusion look at integrated environment (maps PATHS).
On-site visits
Mapping

**Evaluative comments to explain your rating of this objective:**

On-going technical assistance available
This objective tends to blend with objective 2 hard to delineate differences

**Additional information/evidence needed to support claims about this objective:**

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 94-95 PROJECT**

**OBJECTIVE 5**

**Implement a pilot project for the transition of youth with deaf-blindness from school to the community.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 4.75 | 6 |

**Notes on current status of this objective:**

3 local teams
Transfer ability of skilled workers to counties with deaf-blind students
Transfer ability customizing employment (10/94) leaving options sufresne
Develop local transition teams
Child-focused interagency approach
Greenbrier County creative financing (with students income, issi etc.)

**Evaluative comments to explain your rating of this objective:**

On-going transition training available
Initial success varied within the team - long term progress unclear as teams have dissolved or lost transition of a child
I think "role models:" are missing here. I feel this is very important. I suggest parents of Deaf-Blind teachers to deaf-blind Speech Pathology to Deaf-Blind, Deaf-Blind teenagers be encouraged to attend and be members of the America Association of the Deaf-Blind. This may teachers and service providers can see results in order to improve future education

**Additional information/evidence needed to support claims about this objective:**

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 94-95 PROJECT**

**OBJECTIVE 6**

**Facilitate cooperation and coordination of the delivery of services with the Department of Health & Human Resources, Division of Rehabilitation Services and State Operated Programs and other agencies.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 5.5 | 6 |

**Notes on current status of this objective:**
Maintain cooperation/coordination

**Evaluative comments to explain your rating of this objective:**
The team has demonstrated in local Deaf-Blind transition
Teams was excellent collaborative effort. However, more integration of other agencies in other technical training programs might just be good!

**Additional information/evidence needed to support claims about this objective:**
How do these agencies cooperate to deliver services?

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 94-95 PROJECT**

**OBJECTIVE 7**

**Disseminate information about resources to services providers, families and the community.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

NOT AT ALL 1 — COMPLETELY 5.5 6

**Notes on current status of this objective:**
Newsletter
Deaf/Blind brochure
Deaf/Blind resource list
Deaf/Blind Mini libraries
Vacancy in position

**Evaluative comments to explain your rating of this objective:**
Availability of libraries, TA consultants and trainers
I understand the difficult but I think there's more I learned for AADB.
Given constraints of vacant position, efforts have been excellent

**Additional information/evidence needed to support claims about this objective:**

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 94-95 PROJECT**

**OBJECTIVE 8**

**Utilize an advisory committee in the development and implementation of services.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 5.25 | 6 |

**Notes on current status of this objective:**
Committee meets regularly to evaluate grant objectives
Annual meetings

**Evaluative comments to explain your rating of this objective:**
Annual meetings to review objectives
WVDE appears to be making concerted effort to expand committee, with parents and consumers More emphasis on

**Additional information/evidence needed to support claims about this objective:**

NAME:

**FEEDBACK WORKSHEET**

**STATUS OF 93-94 PROJECT**

**OBJECTIVE 1**

**Identify children with deaf-blindness.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | | | COMPLETELY |
|---|---|---|---|---|
| 1 | | (5) | | 6 |

**Notes on current status of this objective:**

Maintain but go forward to continue to add. Much accomplished from where we've been.

Look into RESA and CMHC

Would video be worth the money going into this.

Disseminate video to: WVSD, Colin Anderson, RESA , Mental Health

Good improvement on D/B count - need to further define and cover entire state

**Evaluative comments to explain your rating of this objective:**

Lets still try to do video but maybe low-budget. Video could help statewide 0-21. Build on Brents script.
Data collection has been a need from beginning. Continue.

**Additional information/evidence needed to support claims about this objective:**

0-21 Chapter 1 would help pay. Continue. Tap into other resources for money DHHR, VR, ED.
Video birth to 21, short video Keep it related to WV culture, continue with 55 counties.
Can additional money be obtained for video -HHR, DRS, etc? TRACES (average 0-21)

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 93-94 PROJECT**

**OBJECTIVE 2**

**Provide consultation and training to service providers.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | (4) | 6 |

**Notes on current status of this objective:**
Brought state professionals together, exposure.
Continue statewide training.
On as needed basis. Areas that have not asked for assistance.
More outreach; may not be aware of need.

**Evaluative comments to explain your rating of this objective:**
Exposure to wide range of information related to deaf-blind.

**Additional information/evidence needed to support claims about this objective:**
Outreach
May not know what they need
Be involved in state conferences: PATHS, EI
See more need for a video - i.e. hand over hand signing.

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 93-94 PROJECT**

**OBJECTIVE 3**

**Provide consultation and training to families.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | (5) | 6 |

**Notes on current status of this objective:**
3 or 4 out of 44 Parent Resource Center
3 areas of focus across state
Wood, Greenbrier, WVS Deaf/Blind
Parent Resource Centers 42 lost 1

**Evaluative comments to explain your rating of this objective:**
Need to expand family contacts
Focusing at older kids

**Additional information/evidence needed to support claims about this objective:**
Can monitoring system be used with PRC to help other PRC with Deaf/Blind children parents
Early Intervention involvement, family supports, invite other agencies.
Have more informal meetings with families between state and local levels.
Additional training for WVSD (summer program?)
Long range inter agency training on Deaf/Blindness (HHR, DRS, ED)
Early Intervention
Have more on Parent Resource Centers
Contact parents to come thru Mental Health
Continue support with DRS

**NAME:**

**FEEDBACK WORKSHEET**

**STATUS OF 93-94 PROJECT**

**OBJECTIVE 4**

**Provide technical assistance designed to promote a unified system that foster integration and age appropriate programs in the least restrictive environment.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | (5) | 6 |

**Notes on current status of this objective:**
Members have participants in EI
Assist counties
Focus on information at Romney
Continue current objectives to include consultants, training, and experience from professionals in Deaf-Blind outside the state.

**Evaluative comments to explain your rating of this objective:**

**Additional information/evidence needed to support claims about this objective:**
Focus on individual integration of students

NAME:

## FEEDBACK WORKSHEET

## STATUS OF 93-94 PROJECT

**OBJECTIVE 5**

**Implement a pilot project for the transition of youth with deaf-blindness from school to the community.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 4.75 | 6 |

**Notes on current status of this objective:**

Succeed with the group
Overall on target must continue
All are transitioning different
Must continue to work with and add to teams
Continue to offer support, pull in new members
Good with exception of Greenbrier team, needs additional state team support
Continue with Greenbrier, Wood, WV Schools for the Deaf/Blind

**Evaluative comments to explain your rating of this objective:**

Almost too early to evaluate
Large Staff turnover
Documentation
Lost to region
+WV Schools f/t Deaf/Blind
+Wood County

**Additional information/evidence needed to support claims about this objective:**

Can't let local teams burn out - how to appreciate new members
Continue to support local teams wanting to serve individuals with severe disabilities.

NAME:

## FEEDBACK WORKSHEET

## STATUS OF 93-94 PROJECT

**OBJECTIVE 6**

**Facilitate cooperation and coordination of the delivery of services with the Department of Health & Human Resources, Division of Rehabilitation Services and State Operated Programs and other agencies.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | (4.5) | 6 |

**Notes on current status of this objective:**
All are on the committee
Good at state level
Better Early intervention to school system

**Evaluative comments to explain your rating of this objective:**
Gaps in communication between 0-3 population and school system

**Additional information/evidence needed to support claims about this objective:**
Public school system need to be made aware of Birth to 3 population

NAME:

## FEEDBACK WORKSHEET

## STATUS OF 93-94 PROJECT

**OBJECTIVE 7**

**Disseminate information about resources to services providers, families and the community.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 4.75 | 6 |

**Notes on current status of this objective:**
Handouts good. TRACES
Good job State Transition information from training
Handouts from Parent Resource Centers

**Evaluative comments to explain your rating of this objective:**
Transition Material to all VR
Additional information/evidence needed to support claims about this objective:
Expand distribution of pamphlets to clinics,
Parent additional WVITT transition booklets for RCSs
Copy additional information
Commission for Hearing Impaired
Library Services for Blind/ Physically Handicapped
Look at groups we are sending information to
Get brochure to these groups, ENTs through DHHR Clinics where parents come

NAME:

**FEEDBACK WORKSHEET**

**STATUS OF 93-94 PROJECT**

**OBJECTIVE 8**

**Utilize an advisory committee in the development and implementation of services.**

**Rate the degree to which you believe the objective has been achieved as planned in this cycle.**

| NOT AT ALL | | COMPLETELY |
|---|---|---|
| 1 | 3.5 | 6 |

**Notes on current status of this objective:**
Did not meet in 93 and did not evaluate progress for 92-93
Cut back number of meetings to one day a year
Continue involvement in evaluation and planning for the grant
Skipped a year
Meet once a year

**Evaluative comments to explain your rating of this objective:**
Like to receive information in advance, related to the meeting.

**Additional information/evidence needed to support claims about this objective:**
Multidisciplinary approach to include OT/PT and Assistive technology.
Skipped whole year without meeting
Meet at least once a year
Information in advance
Add OT/PT, service providers in Early Intervention